

**VOLUNTEER RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND
MEDICAL AND PHOTO RELEASE**

This Release and Waiver of Liability, Assumption of Risk, and Medical and Photo Release (hereafter, "Release") is entered into by and between the Irvine Public Schools Foundation and Irvine Unified School District ("IPSF/IUSD") and the undersigned volunteer.

I, the undersigned, understand and agree that the scope of my relationship with IPSF/IUSD is limited to a volunteer position and that no compensation is expected in return for any services provided by me. I hereby release and forever discharge and hold harmless IPSF/IUSD and its respective directors, trustees, officers, agents, employees, volunteers, successors, and assigns [hereafter, the "Releasees"] from any and all liability, claims, and demands of whatever kind or nature, which arise from the services I provide to IPSF/IUSD or which may occur while I am providing such services. I understand that IPSF/IUSD will not have any responsibility to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance of any nature in the event of my injury, illness, death, or damage to my property. I voluntarily agree to assume the risk for any and all damages to any property that I have with me while I provide volunteer services. I am aware that my participation in the program may have inherent risks and dangers, including but not limited to risks associated with equipment failure, risk of brain or other physical injuries, illness, death, or property damage. I specifically assume all such risks and dangers, whether or not caused by the negligent acts or omissions of any of the Releasees.

I hereby give my permission for the staff or volunteers of IPSF/IUSD to administer appropriate medical attention to me and agree to be responsible for the costs of such treatment. I will permit photographs, videotaping and surveys of me taken while I provide volunteer services for IPSF/IUSD to be used for publicity by IPSF/IUSD.

I ATTEST THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER (OR THAT, IF I AM YOUNGER, MY PARENTS OR LEGAL GUARDIAN HAVE EXECUTED THIS WAIVER BELOW) AND HAVE NO KNOWN MENTAL OR PHYSICAL CONDITION THAT WOULD IMPAIR MY ABILITY TO RENDER VOLUNTEER SERVICES OR ENDANGER OTHERS IN THE COURSE OF PROVIDING SERVICES FOR IPSF/IUSD.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Volunteer Signature

Volunteer's Name (Printed)

Date

CONSENT AND RELEASE OF PARENT OR LEGAL GUARDIAN

I am the parent or legal guardian of _____(Child). My Child is fit and capable to participate as a volunteer for IPSF/IUSD, and I consent to my Child's participation. I have read and understand the above Volunteer Release and Waiver of Liability, Assumption of Risk, and Medical and Photo Release. In consideration of allowing my Child to participate, I consent to the contract and agree that the Release's terms shall likewise bind me, my child, and our heirs, legal representatives, and assignees to the maximum extent permitted by law.

I hereby release and hold harmless the Releasees from every claim and any liability that I or my Child may allege against the Releasees (including reasonable legal fees and costs) as a direct or indirect result of injury or death to me or my Child because of my Child's participation as a volunteer, whether caused by the negligence of the Releasees or others, to the maximum extent permitted by law. I promise not to sue the Releasees on my behalf or on behalf of my Child regarding any claim arising from my Child's participation as a volunteer.

I hereby state that I am the legal guardian of the child identified above and that I am authorized to make this decision. I have read and understand the above stated information.

Parent/Legal Guardian Signature

Parent/Legal Guardian Name (Printed)

Date