



Volunteer Liability Waiver and Agreement

This document explains possible risks of volunteering and includes liability waivers, consents, and other legal agreements.

By agreeing to the statements below, I, the volunteer (or volunteer's legal guardian), acknowledge that entry into this agreement ("Agreement") is in consideration of my participation as a volunteer, and confirm my understanding and agreement to the following:

Policies and Safety

Rules I will comply with Bolsa Chica Conservancy's (Conservancy) volunteer policies, safety rules, conduct expectations, and other directions. I understand that the Conservancy does not tolerate bullying, harassment, threatening behavior, or violence of any kind. I understand that noncompliance may result in termination of my volunteer status.

Volunteer Not an Employee

I understand that (a) I am not an employee of the Bolsa Chica Conservancy (Conservancy), (b) I will not be paid for my participation, and (c) I am not covered by or eligible for any Conservancy insurance, health care, worker's compensation, or other benefits. I understand that the Conservancy may terminate my volunteer status at any time, for any or no reason.

Risks Associated with Volunteering

Volunteering for the Bolsa Chica Conservancy has risks. These risks may arise in a variety of ways. They include, without limitation: my lifting heavy objects or otherwise exerting myself, handling glass and other trash/debris, using hot or sharp objects or other tools, being exposed to dust, loud noises, handling plant material, and interacting with and being in the presence of other volunteers, visitors and other people. I understand that these risks include risks of injury, illness, death, and property damage or loss, and that they may arise from my own actions or from the actions of others at or near Client facilities or encountered when traveling for Client activities offsite. I also understand that even if Client, I, and other persons present at Client facilities follow all health and safety protocols, I may still be exposed to COVID-19 or other infectious diseases.

Awareness and Assumption of Risk

I understand the information above, and confirm and acknowledge that these are risks associated with volunteering. With such information and awareness, and with the recognition that other factors may create additional such risks, I knowingly, freely, and voluntarily: (a) sign up to volunteer for the Bolsa Chica Conservancy (Conservancy); (b) engage in volunteer activities; and (c) assume and accept the risks of all injury, death, property damage or loss, financial obligation, loss of privacy, loss of reputation, and all other injuries and other consequences, whether known or unknown, whether foreseen or unforeseeable, and whether incurred at the Conservancy's facilities or elsewhere, that may result, directly or indirectly, from my presence at Conservancy facilities or participation as a Conservancy volunteer, regardless of the cause.

Waiver and Release of Claims

I waive and release the Bolsa Chica Conservancy (Conservancy) and its directors, officers, agents, employees, volunteers, and affiliates (collectively, "Conservancy Parties") from any and all liability, claims, costs, and expenses of any kind and of whatever nature which I or my heirs, next of kin, or legal representatives may have or which may later accrue, caused by or arising directly or indirectly from my presence at the Conservancy's facilities or participation in the Conservancy's activities. This release and waiver includes, in each such case, all claims in respect of the risks noted above, known and unknown, foreseen and unforeseeable, regardless of the cause or whether such claims arise from tort, contract, or otherwise, and even if caused by negligence, whether passive or active. I will not sue any of the Conservancy's Parties on the basis of these waived and released claims. I waive the protections of Section 1542 of the California Civil Code.

Disclosure of Medical Conditions

I understand that I am solely responsible for knowing my own physical condition and making my own decision about volunteering. I have disclosed all medications and conditions relevant to my participation to my supervisor or other staff at the Bolsa Chica Conservancy (Conservancy), including chronic conditions such as asthma, allergies, seizures, or diabetes. I understand that the Conservancy needs such information because some medication side effects or medical conditions could affect my safety or that of



others at the Conservancy. I consent to the Conservancy sharing this information with health professionals or first responders should I become ill or injured while at the Conservancy's facilities.

Medical Care Consent and Waiver

I authorize the Bolsa Chica Conservancy (Conservancy) to provide me with first aid and to arrange medical assistance, transportation, and emergency medical services for me if I get hurt while volunteering. I understand that the Conservancy is not obligated to provide this care. I also understand that I am solely responsible for any costs related to my medical treatment and transport, and that the Conservancy does not provide health, medical, disability, or other insurance coverage for me.

Confidentiality

I may have access to the Bolsa Chica Conservancy's (Conservancy) confidential information. At all times during and after my participation, I agree to hold any such confidential information in confidence and not disclose or use it except as the Conservancy expressly authorizes.

Assignment of Work Product

I grant full rights to the Bolsa Chica Conservancy (Conservancy) in any reports, brochures, website content, photos, images, videos, or other materials or works I may create in the course of volunteer activities, and any intellectual property rights in or derivatives of such materials.

Use by Client of My Name and Image

I understand that the Bolsa Chica Conservancy (Conservancy) may take photos or videos of me. I consent to use by the Conservancy of my image, voice, name, and story, and of images of any works I may create as a volunteer (collectively, "Materials"), in Conservancy's digital and print promotional, fundraising, educational, and other communications. The Conservancy may use the Materials without obtaining my approval or paying me for such use. I grant the Conservancy all copyrights in and waive any legal claims relating to the Materials, including those relating to copyright, rights of publicity or privacy, or defamation, or arising from any distortion, blurring, or alteration that may occur in the making, editing, or use of the Materials.

General Provisions

I understand that this Agreement will be binding for so long as I am a volunteer at the Bolsa Chica Conservancy (Conservancy). This Agreement will run in favor of, and may be enforced by, each of the Conservancy Parties, and will bind my heirs, next of kin, and legal representatives. This Agreement will be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the other terms remain effective. This Agreement will be governed by California law.

☐ I affirm that I am of legal age and able to sign on my own behalf and am freely signing this Agreement. I have read this Agreement and fully understand that by signing this Agreement, I am giving up legal rights and remedies that may be available to me and to other persons.

☐ I affirm that I am the parent or legal guardian of the participant and am freely signing this document on their behalf. I certify that I have the authority to sign on behalf of the participant and to make decisions for the participant regarding volunteering. I also waive and release Client Parties from any and all liability, claims, costs, and damages of any kind which I may have resulting or arising directly or indirectly from the participant's participation in volunteering. I have read this Agreement and fully understand that by signing this Agreement, I am giving up legal rights and remedies that may be available to the participant, to me, and to other persons.

Signature (of parent/guardian, if applicable)

Participant Name (if parent/guardian signs)

Print name

Date

Emergency contact name

Emergency contact phone