



Important: Each volunteer must sign the "Release and Waiver of Liability" before working at Sharia's Closet site. Please complete this form and bring it with you before you begin work. Read this waiver very carefully before you sign.

## Waiver of Liability

This Waiver of Liability (the "Waiver") executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of Sharia's Closet., a nonprofit corporation organized and existing under the laws of the State of California, USA, and of their directors, officers, employees, and agents (collectively, "SC").

I, the Volunteer, desire to work as a volunteer for Sharia's Closet and engage in the activities related to being a volunteer for a work project.

I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless Sharia's Closet and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with Sharia's Closet.

I understand and acknowledge that this Waiver discharges Sharia's Closet from any liability or claim that I, the Volunteer, may have against Sharia's Closet with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Sharia's Closet work site. I also understand that Sharia's Closet does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

2. Insurance. I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of Sharia's Closet beyond what may be offered freely by the representative of Sharia's Closet in the event of such injury or medical expense.

3. Medical Treatment. I hereby release and forever discharge Sharia's Closet from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with Sharia's Closet.

4. Assumption of the Risk. I understand that my time with Sharia's Closet may include activities that may including, but not limited to, loading and unloading of heavy with clothes and shoes. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Sharia's Closet from all liability for injury, illness, death, or property damage resulting from the activities of my time with Sharia's Closet.

5. Photographic Release. I grant and convey unto Sharia's Closet all right, title, and interest in any and all photographic images and video or audio recordings made by Sharia's Closet during my work for Sharia's Closet, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of California in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of California.

I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Volunteer's Name

\_\_\_\_\_  
Organization (if applicable)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code