



## Volunteer Release and Waiver of Liability Form for Adults and Students

This Release and Waiver of Liability (the "release") executed on \_\_\_\_\_ (date) by \_

\_\_\_\_\_ ("Volunteer") releases LIFE COMMUNITY CENTER LV (also referred as LCC) in conjunction with WALKER AFRICAN AMERICAN MUSEUM AND RESEARCH CENTER (also referred to as WAAM) "both" a nonprofit corporation organized and existing under the laws of the State of Nevada and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for LCC and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with LCC is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer (with the exception of required community service credited hours given as credit only); the LCC will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to LCC.

- 1. Waiver and Release:** I, release and forever discharge and hold harmless LCC/WAAM, and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to LCC. I understand and acknowledge that this Release discharges LIFE COMMUNITY CENTER LV and WALKER AFRICAN AMERICAN MUSEUM AND RESEARCH CENTER from any liability or claim that I may have against either organization with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to LCC or occurring while I am providing volunteer services.
- 2. Insurance:** Further I understand that LIFE COMMUNITY CENTER LV and WALKER AFRICAN AMERICAN MUSEUM AND RESEARCH CENTER does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of LCC and WAAM .
- 3. Medical Treatment:** I hereby Release and forever discharge LIFE COMMUNITY CENTER LV and WALKER AFRICAN AMERICAN MUSEUM AND RESEARCH CENTER 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 tenure as a volunteer with LCC.
- 4. Assumption of Risk:** I understand that the services I provide to LIFE COMMUNITY CENTER LV may include activities that may be hazardous to me including, but not limited to driving, lifting, pushing, pulling, use of cleaning chemicals, etc. involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release LCC from all liability.
- 5. Photographic Release:** I grant and convey to LIFE COMMUNITY CENTER LV all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by LCC in connection with my providing volunteer services to LCC.
- 6. Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Nevada and that this Release shall be governed by and interpreted in accordance with the laws of the State of Nevada. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforce-ability of the remaining provisions of this Release shall not be affected.  
***By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## VOLUNTEER INFORMATION

Name: \_\_\_\_\_ Birth-date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are you part of a group? Y N Company/group Name: \_\_\_\_\_

Primary communication to volunteers is through the email/website notifications regarding LCC Volunteer Opportunities. Would you like to receive this email about upcoming opportunities ? Yes No

### Volunteer Expectations Agreement

1. Volunteers working in any capacity within LIFE COMMUNITY CENTER LV must be at least 18 years of age.
2. If any task causes you discomfort, or if you feel it is unsafe or unhealthy to perform a specific task, report
3. the condition to a food bank staff member immediately.
4. Wear sensible, appropriate clothing and footwear for the task(s) at hand.  
\*\*\* **Closed toed shoes** are required for all activities. \*\*\*
5. Wash hands before beginning your shift, after eating, and after using the restroom.
6. Alcohol and other drugs are prohibited in the workplace.
7. No Smoking" policy – No Smoking on premises.
8. Only authorized personnel may operate machines or equipment.
9. Report any injury immediately to LIFE COMMUNITY CENTER LV staff on site.
10. No food, drink (exception to closed bottles of water), will be provided to anyone during the volunteer process.  
(if you must use your cell phone please relocate to another location and not in the volunteer area)
11. Please avoid conversations, comments and language that are inappropriate in a professional workplace.
12. Do not take any food from the food bank without precise consent from the Head Authority in charge at that time.

I have read the Volunteer Expectations Agreement \_\_\_\_\_ Yes

Signature \_\_\_\_\_

Date \_\_\_\_\_



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