



**Little Saigon San Diego Foundation**

4654 El Cajon Blvd., Suite #C

San Diego, CA 92115

Ph: (619) 786-7573 Fx: (619) 599-0733

[www.LittleSaigonSanDiego.org](http://www.LittleSaigonSanDiego.org)

[www.LittleSaigonSanDiego.com](http://www.LittleSaigonSanDiego.com)

**WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK**

(PLEASE READ CAREFULLY)

**I agree as follows:** 1. I am volunteering my services for the **Little Saigon San Diego Foundation** on a voluntary basis without anticipation of payment of any kind; 2. I will perform assigned tasks that are within my physical capability to the best of my ability, and I will not undertake tasks that are beyond my ability; . I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments; 6. I acknowledge that Little Saigon San Diego Foundation (LSF) will be taking photographs of the Event and Event participants, that LSF may use said photographs for promotional materials and other operational activities freely and without any compensation or further notice; 7. I specifically acknowledge that I am engaging in this activity as a volunteer, at my own request and risk, and not as an employee, agent, official, officer, or representative of LSF and further acknowledge that I am not entitled to any compensation, benefit, or insurance coverage from LSF, City of San Diego, or any Event promoter or sponsor, nor will I make any such claim.

***I understand and agree that neither LSF nor any of their sponsors, donors, officers, directors, employees, agents, or representatives (hereinafter collectively referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death, or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this activity, or as a result of product liability or the negligence of any party, including Released Parties, whether passive or active.***

I understand that working at the Event involves certain inherent risks, including but not limited to, the risks of possible injury, infection, or loss of life as a result of contact with needles, condoms, metal objects, burning embers or other hazardous materials found around the areas that we will be working in, or from over-exertion or environmental conditions. Despite these risks, I still choose to proceed in such activity.

I know of no physical limitations that should keep me from undertaking the activities associated with this Event. In consideration for being allowed to participate in this activity, I hereby personally assume all risks in connection with the Event for any harm, injury, or damage that may befall me as a participant, including all risks connected therewith, whether foreseen or unforeseen. I further save and hold harmless said activity and Released Parties from any claim or lawsuit for personal injury, property damage, or wrongful death, by me, my family, estate, heirs, or assigns, arising out of participation in this activity, including both claims arising during the activity and after I complete the activity.

If I should become injured while participating in the Event, I authorize any physician or surgeon licensed in the State of California to perform emergency or surgical treatment as in his or her sole judgment may be necessary. I further declare that I am over the age of eighteen and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, that this instrument is legally binding, and that I have signed this document of my own free act.

BY THIS INSTRUMENT I DO HEREBY EXEMPT AND RELEASE ALL "RELEASED PARTIES," AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE, OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS WAIVER OF LIABILITY AND ASSUMPTION OF RISK BY READING IT BEFORE I HAVE SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

_____	_____	_____	_____
Participant's Name (Print)	Date	Address	Phone
_____	_____	_____	_____
Signature of Participant		City, State, Zip	E-mail

Please check here if you would like more information about Little Saigon Foundation & upcoming volunteer events!

**IF PARTICIPANT IS UNDER 18, THE PARENT (OR GUARDIAN, IF ANY) MUST SIGN.**

I am the parent or legal guardian of the above participant and he/she has my permission to participate in this Event. I have read and agree to the provisions stated above. I know of no health limitations that may restrict this volunteer's participation in this activity.

_____	_____	_____	_____
Signature of Parent/Legal Guardian	Date	Address	Phone
_____	_____	_____	_____
		City, State, Zip	E-mail