



## DREAMCENTER

### ASSUMPTION OF RISK AND WAIVER OF LIABILITY

*Notes: This form is intended for use by adults and minors who participate in volunteer work and community service activities organized by or through The Dream Center, located at 2301 Bellevue Avenue, Los Angeles, California 90026, whether such activities take place on or off The Dream Center's campus. The Dream Center may not have insurance to cover injuries or accidents that occur while individuals are participating in volunteer activities, and has no means of completely supervising all volunteer activities. Accordingly, The Dream Center requires all individuals participating in volunteer activities to assume all risks associated with such participation, and to waive The Dream Center's liability in connection therewith, as conditions of participation.*

*\*\*When this form is used for a minor individual, the minor's name should be inserted as the name of the volunteer, and both the minor and the minor's parent or legal guardian should read and sign the form.\*\**

#### AGREEMENT:

In consideration of The Dream Center's permission for me to participate in volunteer work and/or community service activities organized by or through The Dream Center (collectively, "Volunteer Activities"), I, \_\_\_\_\_ (full name of volunteer), represent and agree that:

1. I am a volunteer worker and not an employee of The Dream Center, and I am participating in any and all Volunteer Activities without any expectation of compensation.
2. I am aware of the hazards and risks to my person and property associated with participating in Volunteer Activities, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence, and damage to or loss of my personal property.
  - a. I understand that certain Volunteer Activities including Skid Row Feeding may present an increased risk of communicable disease and acknowledge that The Dream Center strongly encourages me to wear gloves provided by The Dream Center during such activities. I understand that if I check the following box, I am acknowledging that I have opted out of wearing gloves against The Dream Center's recommendation and am expressly assuming all risks associated with my choice:

☐ GLOVES OPT OUT

3. I understand that The Dream Center may not have any insurance coverage that would apply in the event of my death, illness, or injury, or damage to or loss of my property, that may occur during my participation in any Volunteer Activities, and that if I desire insurance coverage I am responsible for obtaining such insurance at my own cost.

4. I choose to participate in Volunteer Activities with full awareness of the risks thereof. I voluntarily assume all risks of death, injury, illness, and damage to or loss of my property, that may arise out of my participation in any Volunteer Activities.

5. I hereby release The Dream Center and its agents, officers, directors, and employees (collectively, "Dream Center Releasees") from any liability, claims, causes of action, damages, judgments, and costs or expenses, including attorney's fees and costs, which may in any way arise as a result of my participation in any Volunteer Activities, whether caused by the fault of myself, Dream Center Releasees, or third parties.

6. I will indemnify, defend and hold harmless The Dream Center and its agents, officers, directors, and employees from and against any and all liability, claims, causes of action, damages, judgments, and costs or expenses, including attorney's fees and costs, which may in any way arise as a result of my acts or omissions during the course of any Volunteer Activities.

7. I attest and certify that I have no medical conditions that would prevent me from safely participating in any Volunteer Activities. I understand that it is my responsibility to inform The Dream Center of any health or medical conditions or other considerations that should limit my participation in Volunteer Activities.

8. The provisions of this Assumption of Risk and Waiver of Liability shall be binding upon me, and upon my heirs, successors, assigns, and legal representatives.

9. I expressly waive any defense to the enforcement of any provision of this Assumption of Risk and Waiver of Liability arising from a claim of lack of consideration and warrant that this agreement constitutes a legal, valid, and binding obligation upon me enforceable against me, and my heirs, successors, assigns, and legal representatives, in accordance with its terms.

10. I expressly agree that the assumption of risk and waiver and release of liability contained herein are intended to be as broad and inclusive as permitted under the laws of the State of California. If any portion hereof is found invalid, the remainder of this agreement shall continue in full force and effect.

**I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND UNDERSTAND ITS CONTENTS. I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT. THIS IS A LEGAL DOCUMENT AND I UNDERSTAND THAT I HAVE THE OPPORTUNITY TO ASK QUESTIONS AND CONSULT WITH AN ATTORNEY BEFORE SIGNING IT.**

Volunteer's Full Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**IMPORTANT: Two witnesses should observe the volunteer's signature and sign below. The witnesses must be at least 18 years old, and should not be relatives of the volunteer.**

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_  
State & Zip: \_\_\_\_\_

City: \_\_\_\_\_  
State & Zip: \_\_\_\_\_

**\*\*If the volunteer is under 18 years of age, the minor volunteer's parent or legal guardian must also complete the following Parent or Guardian Agreement.\*\***

## MEDICAL INFORMATION

**Note: A copy of this form should be completed for each adult and minor participant.**

NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PERSON TO NOTIFY, In case of Emergency:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (WORK) \_\_\_\_\_ (HOME) \_\_\_\_\_

MEDICAL CONDITIONS \_\_\_\_\_

\_\_\_\_\_

MEDICATION CURRENTLY TAKING \_\_\_\_\_

\_\_\_\_\_

ANY KNOWN ALLERGIES \_\_\_\_\_

\_\_\_\_\_

BLOOD TYPE, if known \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

MEDICAL INSURANCE \_\_\_\_\_

INSURANCE # \_\_\_\_\_



# DREAMCENTER

## Permission to Use Photographs and/or Video and/or Personal Testimonial(s)

I, \_\_\_\_\_ (print full name), hereby authorize The Dream Center and its employees and agents (collectively, "DC") to take and archive photographs and videos of me and my minor children and legal wards. I also authorize DC to take and archive one or more written, verbal, or video testimonials (personal stories) from me and my minor children and legal wards. Said photographs, videos, and testimonials shall be referred to herein as "media materials."

I grant DC, and its assigns and transferees, the irrevocable and unrestricted right to copyright, use, and publish the media materials in any manner or in any medium, including in print and/or electronically. I agree that DC and its assigns and transferees may use the media materials, with or without my name or the names of my minor children or legal wards, for any lawful purpose, including, for example, such purposes as publicity, illustration, marketing, and web content.

I hereby release DC, and its assigns, transferees, and legal representatives, from any and all claims and liability relating to the creation, archival, or use of the media materials. I also waive any right I or my minor children or legal wards may have to any compensation related to the media materials.

I certify that I have read and understand all of the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email \_\_\_\_\_

If this agreement applies to any minor children or legal wards, please list their names and ages here:

Name of Minor or Legal Ward	Age