



**Volunteer Liability Form—for Group Participants  
(and Media Authorization and Release)**

Location: South County Outreach Pantry, 26776 Vista Terrace, Lake Forest, CA 92630

Date of work project: \_\_\_\_/\_\_\_\_/\_\_\_\_

GROUP NAME: \_\_\_\_\_ Lead Contact: \_\_\_\_\_

Participant's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Please add me to South County Outreach Email List: Yes \_\_\_\_ No \_\_\_\_ Mailing List: Yes \_\_\_\_ No \_\_\_\_

In case of emergency, please contact:

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

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

Health Information

In case of an emergency, the following information may be needed by emergency or medical personnel:

Date of last tetanus shot, if known: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please include any medical conditions or information that would be helpful to medical staff:

Health Insurance: Company Name: \_\_\_\_\_

Group or Individual ID # \_\_\_\_\_

Media Authorization and Release

Volunteer (and/or Guardian) do hereby grant and convey unto South County Outreach all right, title and interest in any and all photographic images, video, and audio recordings made by South County Outreach during my activities with South County Outreach, including but not limited to, any royalties, proceeds or other benefits derived from such photographs and recordings.

The undersigned affirms that they are at least 18 years of age (or are authorized to sign on the behalf of the minor child participating in a South County Outreach Volunteer activity) and that they are competent to sign this contract on their own behalf. The undersigned acknowledge that he/she has read the foregoing authorization and that they fully understand the contents of said authorization.

Participant (or Parent/Guardian)

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

**ASSUMPTION OF RISK AND RELEASE AGREEMENT**  
**ALL VOLUNTEERS MUST WEAR STURDY, CLOSED TOE SHOES**

This assumption of Risk and Release Agreement ("Release") is made by me, the undersigned participant, as of the date set forth below, as follows:

1. I have voluntarily applied to South County Outreach to participate in a volunteer role working in an industrial warehouse setting ("food pantry") located in Lake Forest, California. Some of the related activities that I may be performing include, but are not limited to, handling food, (canned and perishable), boxes loaded with food, heavy lifting, operating rolling carts, operating rolling ladders, dollies, lift-gates, and other industrial equipment. All of the activities referred to in this paragraph and others unnamed are referred to collectively as "SCO Activities."
2. As consideration for being permitted by South County Outreach to participate in SCO Activities, using their tools, equipment, and warehouse materials, I agree that neither I nor my assignees, heirs, distributees, guardians or legal representatives will make any claim against, sue, or take action against South County Outreach, or the suppliers of any tools, equipment or materials that I may use in SCO activities (collectively "Released Entities"), for injury or damage to me, or to any other person or property, resulting from or arising out of my participation in any SCO Activities, whether caused by or resulting from the negligence or other acts or omissions of South County Outreach or the Released Entities.
3. I release South County Outreach and the Released Entities from all actions, claims, or demands that I or my assignees, heirs, distributees, guardians and legal representatives now have or may hereafter have for injury or damage resulting from my participation in any South County Outreach Activities.
4. I understand that South County Outreach and the released entities do not carry or maintain health or disability insurance coverage for any volunteer. I release and forever discharge South County Outreach and the Released Entities from any action, claim, or demand whatsoever which arises or may hereafter arise on account of any first aid medical treatment rendered to me. I understand that EACH VOLUNTEER IS EXPECTED TO HAVE ADEQUATE HEALTH INSURANCE COVERAGE IN EFFECT AT ALL TIMES WHILE PARTICIPATING IN SOUTH COUNTY OUTREACH ACTIVITIES.
5. This release is intended to be as broad and inclusive as permitted by the laws of the State of California. I understand that I may later discover claims, facts, actions, losses or damages and it is my intention to fully and completely waive and release South County Outreach and the Released Entities from all such unknown matters and claims. If any clause in this Release is made invalid by any court or 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.
6. I AM AWARE THAT I MAY BE WORKING IN A WAREHOUSE TYPE ENVIRONMENT AND THAT, AS SUCH, THERE ARE HAZARDS, KNOWN AND UNKNOWN, WHICH EXIST IN THIS SETTING. I AM VOLUNTARILY ACCEPTING ANY AND ALL RISKS OF INJURY OR DEATH TO MYSELF, AND FURTHER VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: \_\_\_\_\_ (Parent/Guardian initials if under 18)

I HAVE CAREFULLY READ THIS ASSUMPTION OF RISK AND RELEASE AGREEMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND SOUTH COUNTY OUTREACH. I AM SIGNING THIS RELEASE OF MY OWN FREE WILL.

PARTICIPANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Parental Signature is MANDATORY for any volunteer under the age of 18 years old. Every effort will be made to ensure the safety and well-being of my son/daughter. I give full consent for my child to participate in volunteer activities at South County Outreach.

\_\_\_\_\_  
Parent/Legal Guardian Name—PRINT

\_\_\_\_\_  
Parent/Legal Guardian Signature

**Preventing Hunger and Homelessness - Helping People Help Themselves**

26776 Vista Terrace, Lake Forest, CA 92630 • Ph: (949) 380-8144 • Fax: (949) 380-3798 • [www.sco-oc.org](http://www.sco-oc.org) • TAX ID #33-0330233