

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

I, [PRINT NAME] _____ (“Volunteer”), acknowledge that I desire to provide volunteer services to the Adventist Media Center DBA as Voice of Prophecy (AMC/VOP) for charitable, religious, and/or humanitarian reasons. I understand that the scope of my relationship with AMC/VOP is limited to a volunteer position. AMC has not promised compensation to me as a Volunteer and shall not provide compensation to me. I acknowledge that AMC/VOP will not provide me with *any* benefits traditionally associated with employment, and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my volunteer services to AMC/IIW.

This Release and Waiver of Liability (“Release”) releases from liability AMC/VOP and each of its directors, officers, employees, and agents.

- I. Waiver and Release:** Volunteer releases and forever discharges and agrees to hold harmless AMC/VOP 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 the services I provide to AMC/VOP. I understand and acknowledge that this Release discharges AMC/VOP from any liability or claim that I may have against AMC/VOP with respect to injury, illness, death, or property damage or any other loss that may result from the services I provide to AMC/VOP or occurring while I am providing services to AMC/IIW.
- II. Services:** Volunteer shall perform volunteer services as requested by AMC. Volunteer shall not displace any employee within AMC. Volunteer shall not perform any duties typically performed by any full-time employment position within AMC.
- III. Insurance:** Volunteer understands that AMC/VOP 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 of any nature in the event of my injury, illness, death, or property damage or loss. I expressly waive any such claim for compensation or liability on the part of AMC/VOP beyond what may be offered freely by AMC/VOP in the event of such injury or medical expense incurred by me.
- IV. Medical Treatment:** Volunteer hereby releases and forever discharges AMC/VOP from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me during my tenure as a volunteer with AMC/IIW.
- V. Assumption of Risk:** Volunteer hereby expressly assumes the risk of injury or harm from my activities as a volunteer of AMC/VOP and releases AMC/VOP from all liability for injury, illness, death, or property damage or loss resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.
- VI. Photographic Release:** Volunteer grants to AMC/VOP permission, and the right to use, reproduce, advertise and/or publicize my name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements in any of their programs or advertising.

Volunteer further waives and releases AMC/VOP, and its officers, agents and employees, from any claim or liability relating to the use, reproduction, advertising, and publication of my name, likeness, identity, voice, photographic image, videographic image and oral or recorded statements.

VII. Other: Volunteer expressly agrees this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the State of California and/or any other state laws where I perform volunteer work. Volunteer agrees this Release and Waiver shall be governed by and interpreted in accordance with the laws of the State of California. Volunteer agrees that in the event that any clause or provision of this Release and Waiver is deemed invalid, the enforceability of the remaining provisions of this Release and Waiver 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.

Volunteer Signature

Date

If Volunteer is under the age of 18:

I certify that I am the parent or legal guardian of the above-named minor and hereby give permission for this minor to volunteer at AMC/VOP. I agree individually and on behalf of this minor to the terms above.

Parent Signature

Date