



Living To L.A.S.T.

"Building a brotherhood through training for and responding to the physical needs of the overlooked"

Waiver of Liability

Date: _____

This release and waiver of liability executed on the date above, in favor of Living To L.A.S.T. I, _____ (name) desire to join Living To L.A.S.T. for any events to be held in the year of _____ (current year), and engage in the activities related to these workshops, projects or other type of event. I, hereby freely and voluntarily, without duress, execute this Release under the following terms:

- 1. Waiver and Release.** I release and forever discharges and hold harmless of Living To L.A.S.T. (and potential volunteer partnering businesses, organizations, and/or consulting parties) 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 my time with Living To L.A.S.T. I understand and acknowledge that this Release discharges Living To L.A.S.T. from any liability or claim that I may have against Living To L.A.S.T. (and potential volunteer partnering businesses, organizations, and/or consulting parties) with respect of bodily injury, personal injury, illness, death, or property damage that may result from participation with the activates of Living To L.A.S.T. It is also understood that Living To L.A.S.T. does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.
- 2. Insurance.** I understand that I expressly waive any such claim for compensation or liability on the part of Living To L.A.S.T. (and potential volunteer partnering businesses, organizations, and/or consulting parties).
- 3. Medical Treatment.** I hereby release and forever discharge Living To L.A.S.T. (and potential volunteer partnering businesses, organizations, and/or consulting parties) 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 the my time with Living To L.A.S.T.
- 4. Assumption of Risk.** I understand that my time with Living To L.A.S.T. may include activities that may be hazardous to them including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and hard environmental conditions. I recognize and understand that my time with Living To L.A.S.T. may, in some situations, involve inherently dangerous activities. I hereby expressly assume the risk of injury or harm in these activities and release Living to L.A.S.T. (and potential volunteer partnering businesses, organizations, and/or consulting parties) from all liability for injury, illness, death or property damage resulting from the activities of my time with Living To L.A.S.T.
- 5. Digital Media.** I grant to Living To L.A.S.T., its staff and volunteers the right to film me and take photographs of me and my property. I authorize Living To L.A.S.T. to use and publish the same in print and/or electronically. I agree that Living To L.A.S.T. may use such photographs of me for





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any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

6. **Safety Manual.** I acknowledge that I have read and fully understand all information provided in the Living to L.A.S.T. Safety Manual. I also acknowledge that safety protocol can change over time and that it is in my best interest to revisit the safety manual periodically for updates and revisions.
7. **Other.** I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of 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.

To express my understanding of this Release, I sign here:

Participant:

Name (print)

Signature

Date

Emergency Contact:

Name

Phone Number

FOR THOSE UNDER AGE 18

Legal Guardian:

Name (print)

Signature

Date

Address/Phone number of Legal Guardian:

Street Address

City

State

Zip Code

Phone number





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OPTIONAL INFORMATION BELOW:

Due to the active nature of some of the projects and workshops associated with Living To L.A.S.T., it is helpful for the staff to know the following:

Do you have any allergies that you think we should be aware of?

Do you have any medical complications that you think we should be aware of?

Do you have any other concerns that you would like us to know about ahead of time?

