



VOLUNTEER LIABILITY WAIVER AND RELEASE FORM

Organization:	
Event Name:	
Date:	
Location:	

1. Volunteer Information

Full Name:	
Date of Birth:	
Phone:	
Email:	
Address:	

2. Emergency Contact

Name:	
Relationship:	
Phone:	

3. Assumption of Risk and Release of Liability

I acknowledge that participation in volunteer activities may involve inherent risks including, but not limited to, bodily injury, property damage, or other hazards. I voluntarily assume full responsibility for any risks of loss, injury, or damage that I may sustain as a result of participating in this activity.

To the fullest extent permitted by law, I hereby release, waive, discharge, and covenant not to sue Vietnamese American Care (VAC), Organization of Anonymous Contributors (OAC), and all affiliated partners, officers, agents, and volunteers from any and all liability, claims, demands, actions, or causes of action arising out of or related to my participation.

4. Medical Authorization

In the event of an emergency, I authorize event organizers to seek medical treatment on my behalf if I am unable to do so. I understand that I am responsible for any medical expenses incurred.

5. Media Release (Optional)

I grant permission for VAC/OAC to take photographs or videos during the event and use them for promotional or informational purposes.

Yes No

Volunteer Signature

Signature: _____

Printed Name: _____

Date: _____

For Volunteers Under 18

Parent/Guardian Name: _____

Relationship: _____

Phone: _____

Signature: _____

Date: _____