VOLUNTEER WAIVER AND RELEASE - Venice Area Beautification Inc.

I, _____
(print participant name name above ↑) do hereby release, discharge, waive and hold harmless, for myself, my heirs, executors, assigns and personal representatives any and all rights, claims or Judgments I now have or may have hereafter, whether currently known or unknown, against Venice Area Beautification, Inc. (VABI) or other volunteer workers, for any risk, damage or injuries that may occur to me in connection with participating in any volunteer activity.

I have received, understand, and agree to adhere to the safety guidelines and rules of VABI and will report all accidents and injuries sustained while engaged in volunteer activities. I agree to act responsibly and not endanger myself or others. I will not consume any alcohol or drugs before and/or during the volunteer activity. Failure to comply with the safety procedures and requirements can and will result in my removal from the premises and any other legal recourse as provided by law. Furthermore, I acknowledge and agree that activities may involve some risk, and I agree to hold VABI harmless if I choose to participate in such activities. I understand that I will be volunteering my time and therefore will not be compensated monetarily or otherwise by Venice Area Beautification, Inc.

Participant Signature_____

Print Name_____Date_____

Email _____Cell #_____

Address_____

For Minor Participants (Under 18 Years of Age):

I, _____(parent/guardian name), grant permission for the minor named above to participate in volunteer activities with Venice Area Beautification, Inc. (VABI). I acknowledge that I have read and agree to all terms and conditions of this waiver on behalf of the minor.

Parent/Guardian Signature (if participant is a minor) ↓:

Signature _____Date_____

EMERGENCY CONTACT:

Name _____

Relationship_____

Phone # _____

Medical Information (Optional, for your safety): Please list any medical conditions or allergies we should be aware of in case of an emergency (e.g., diabetes, asthma, severe allergies such as bee stings, etc.): ↓

_____

Do you carry any emergency medication (e.g., EpiPen, glucose tablets, insulin, inhaler) with you? ☐ Yes ☐ No

If yes, where is it typically located? (e.g., in pocket, in purse, in car)

_____

Safety Training Waiver - I acknowledge that I will receive Safety Training information relevant to the work and tools I will participate in as a VABI volunteer. An experienced volunteer mentor will continue work safety information and supervision for training and as needed.

Signature_____Date_____

Parent/Guardian Signature if Minor_____

Received by VABI:

Signature _____Date _____

Rev: 03-25-2026