



SANTA CRUZ MOUNTAINS  
ART CENTER

9341 Mill Street, Ben Lomond, CA 95005 831-336-3513 [www.mountainartcenter.org](http://www.mountainartcenter.org)

Last Name \_\_\_\_\_ 1st Initial \_\_\_\_\_

## VOLUNTEER WAIVER

### Release Agreement & Emergency Contact Information

#### Emergency Contact Information

Volunteer Name: \_\_\_\_\_

Volunteer contact email: \_\_\_\_\_

Volunteer phone: cell \_\_\_\_\_ home \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
(if different)

#### Emergency Contact

Name: \_\_\_\_\_

Relationship to volunteer: \_\_\_\_\_

Phone: cell \_\_\_\_\_ home \_\_\_\_\_

#### Parent or Guardian information (required only if volunteer is under 18)

Name of Parent/Guardian: \_\_\_\_\_

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

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

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

# Volunteer Agreement

I have agreed to work as a volunteer for Santa Cruz Mountains Art Center and do so of my own free will. As a volunteer I am not an employee or agent of Santa Cruz Mountains Art Center. I understand this role does not include compensation or payment of any kind. Furthermore, I acknowledge that Santa Cruz Mountains Art Center does not offer health insurance, workers' compensation insurance, or any such employee benefit to volunteers. As a volunteer I agree to maintain my own health insurance during my time as a volunteer for Santa Cruz Mountains Art Center. (This waiver also may mandate auto liability insurance).

## **Risk agreement:**

I fully recognize and accept that volunteering has risks and unforeseen dangers (such risks could be, but are not limited to: mental/emotional stress or physical injury). I understand that I have the right to review each activity prior to my participation and choose to participate of my own free will. I have read and understand Santa Cruz Mountains Art Center mission statement and best practice procedures. I pledge to act and perform within those expectations.

## **Waiver, release, hold harmless, and indemnification agreement:**

I acknowledge that Santa Cruz Mountains Art Center does not guarantee safety. I voluntarily waive, release, and hold harmless Santa Cruz Mountains Art Center, its board, employees, agents, and other volunteers from all claims, accidents, injuries, or death that result from actions related to my volunteer activities. I understand that this document disqualifies me from recovering damages against Santa Cruz Mountains Art Center should I be injured in the course of my duties.

I shall defend, hold harmless, and indemnify Santa Cruz Mountains Art Center, its board, employees, agents, and other volunteers from and against all claims, accusations, notices, judgments, rulings, liabilities, expenses, etc., that may exist as a result of my actions, inactions, errors, acts, or omissions.

## **Acknowledgement and signatures:**

I have read and fully understand the above waiver. I understand that by signing this document I am giving up certain rights and accepting certain duties.

Volunteer Printed Name: \_\_\_\_\_

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

If under Age 18, Parent or Guardian Signature: \_\_\_\_\_