



# Havasu Community Health Foundation

## Intern/Volunteer Release and Waiver of Liability Form

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This Release and Waiver of Liability (the “release”) was executed on March 13, 2019, by \_\_\_\_\_, hereinafter referred to as “Intern,” releases the Havasu Community Health Foundation, hereinafter referred to as “HCHF,” a nonprofit corporation organized and existing under the laws of the State of Arizona and each of its directors, officers, employees, and agents. The Intern desires to provide Intern services for HCHF and engage in activities related to serving as an Intern.

Intern understands that the scope of Intern’s relationship with HCHF is limited to an Intern position and that no compensation is expected in return for services provided by Intern; that HCHF will not provide any benefits traditionally associated with employment to Intern; and that Intern is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Intern’s services to HCHF.

1. **Waiver and Release:** I, the Intern, release and forever discharge and hold harmless HCHF and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to HCHF. I understand and acknowledge that this Release discharges HCHF from any liability or claim that I may have against HCHF concerning bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to HCHF or occurring while I am providing Intern services.
2. **Insurance:** Further I understand the HCHF 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. I expressly waive any such claim for compensation or liability on the part of HCHF beyond what may be offered freely by HCHF in the event of injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby Release and forever discharge HCHF 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 my tenure as an Intern with HCHF.
4. **Assumption of Risk:** I understand that the services I provide to HCHF may include activities that may be hazardous to me including, but not limited to actions involving activities that maybe, under some circumstances, could potentially be dangerous. As an Intern, I hereby expressly assume the risk of injury or harm from these activities and release HCHF from all liability.

5. **Photographic Release:** I grant and convey to HCHF all rights, titles, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by HCHF in connection with my providing Intern services to HCHF.
6. **Other:** As an Intern, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Arizona and that this Release shall be governed by and interpreted in accordance with the laws of the State of Arizona, I agree that in the event that any clause or provision of the Release is deemed invalid, the enforceability of the remaining provisions of the Release 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.

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Please Print Name

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Signature of Intern (or Parent/Guardian if under 18 years of age)

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Date:

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Address, City, State, Zip code

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Telephone



Linda Seaver, Executive Director  
Havasu Community Health Foundation  
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