

OM HOME HEALING SANCTUARY

Volunteer Liability Waiver & Release Agreement

EIN: 87-4335932

Location: Washoe County, Nevada

Effective Date: February 24, 2026

1. Assumption of Risk

I understand that volunteering at Om Home Healing Sanctuary involves interaction with domestic animals, livestock, wildlife species (including non-releasable educational wildlife), tools, fencing, heavy equipment, uneven terrain, weather exposure, and other inherent risks. I voluntarily assume all risks, known and unknown, associated with participation.

2. Release and Waiver of Liability

In consideration of being permitted to volunteer, I release and discharge Om Home Healing Sanctuary, its officers, directors, volunteers, agents, and representatives from any and all claims, demands, or causes of action out of injury, illness, property damage, or death resulting from participation, except in cases of gross negligence or willful misconduct under Nevada law.

3. Indemnification

I agree to indemnify and hold harmless Om Home Healing Sanctuary from any claims brought by third parties arising from my actions while volunteering.

4. Medical Treatment Authorization

In the event of injury or medical emergency, I authorize the organization to seek emergency medical treatment on my behalf. I understand that I am responsible for any medical costs incurred.

5. Photo & Media Release

I grant permission for photographs or video taken during volunteer activities to be used for educational, marketing, and fundraising purposes without compensation unless I opt out in writing.

6. Code of Conduct

I agree to follow all sanctuary rules, safety instructions, and supervision requirements. Failure to follow safety protocols may result in immediate dismissal from volunteer activities.

7. Governing Law

This agreement shall be governed by and interpreted in accordance with the laws of the State of Nevada.

8. Acknowledgment

I have read and fully understand this Volunteer Liability Waiver & Release Agreement.

I understand that by signing, I am giving up certain legal rights.

Volunteer Information

Full Name: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact Name & Phone: _____

Date: _____

Volunteer Signature: _____

Parent/Guardian Consent (If Volunteer is Under 18)

Minor Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____