



ACCIDENT WAIVER AND RELEASE OF LIABILITY

I HEREBY ASSUME ALL OF THE RISKS OF MY VOLUNTEER SERVICE AT THE DAZ-E SHOP located at 2525 N. Lake Avenue, Altadena, CA 91001 (“the Shop”), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of actions or inactions by customers or others entering the Shop.

I certify that I am physically fit, and that there are no health-related reasons or problems which preclude my volunteer activities at the Shop which may include but are not limited to lifting, stooping, stretching, and carrying.

In consideration of permitting me to participate in volunteering at the Shop, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the Shop, THE FOLLOWING ENTITIES OR PERSONS: the Daz-E Shop LLC, its Board of Directors, managers, agents, affiliates, volunteers and contractors (“Released Parties”);

(B) I INDEMNIFY AND HOLD HARMLESS the Released Parties from any and all liabilities or claims made as a result of participation in this activity, whether caused by the Released Parties or otherwise.

I acknowledge that Released Parties are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may carry with it the potential for injury and for property loss. The risks include, but are not limited to, those caused by Acts of God, natural disasters, fire, flood and actions of other people including, but not limited to, the Released Parties and/or the Shop’s customers.

I hereby consent to receive any emergency medical treatment which may be deemed advisable by qualified medical personnel in the event of injury, accident, and/or illness during this activity.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL.

Participant’s Name _____ Age _____

Participant’s Signature _____ Date ____/____/____
Mo. Day Year

Parent/Guardian Name (please print) _____
(If under 18 years old, Parent or Guardian must also sign below)

Signature of Parent or Guardian Date ____/____/____
Mo. Day Year