



## EMERGENCY CONTACT AND RELEASE

### Emergency Contact Information Date

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

Address: \_\_\_\_\_

Phone day: \_\_\_\_\_ evening: \_\_\_\_\_ cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

*In case of an emergency, contact:*

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

Address: \_\_\_\_\_

Phone day: \_\_\_\_\_ evening: \_\_\_\_\_ cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Any allergies, medications, or other information needed in an emergency:

\_\_\_\_\_

### Release and Waiver of Liability

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of **The Wellness Kitchen and Resource Center (herein "The WKRC")** a nonprofit corporation, and its directors officers, employees, and agents.

The Volunteer desires to work as a volunteer for **The WKRC** and engage in the activities related to being a volunteer on behalf of the mission (the "Activities"). The Volunteer understands that the Activities may include **use of kitchen knives, cooking, washing dishes, delivering meals, shopping, attending events**. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. **Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless **The WKRC** and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities with **The WKRC**.

VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES **The WKRC** FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST **The WKRC** WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH **The WKRC**, WHETHER

CAUSED BY THE NEGLIGENCE OF **The WKRC** OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT **The WKRC** DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.

2. **Medical Treatment.** Volunteer does hereby release and forever discharge **The WKRC** from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with **The WKRC**.
3. **Assumption of the Risk.** The Volunteer understands that the Activities may involve work that may be hazardous to the Volunteer, including, but not limited to, **use of sharp kitchen knives, hot pans/ovens/stoves, water**, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases **The WKRC** from all liability for injury, illness, death, or property damage resulting from the Activities.
4. **Insurance.** The Volunteer understands that, except as otherwise agreed to by **The WKRC** in writing, that **The WKRC** does not carry or maintain health, medical, disability or workers compensation insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**
5. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of **California**, and that this Release shall be governed by and interpreted in accordance with the laws of the State of **California**. Volunteer also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver which shall continue to be enforceable.

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Volunteer Name (please print)	Volunteer Signature	Date
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Witnessed by (print name)	Witness Signature	Date
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**PHOTO RELEASE:**

On occasion, pictures are taken at The Wellness Kitchen to post on various marketing materials, such as (but not limited to) social media, not-for-profit printing, and on The Wellness Kitchen's website. Please check this box if you authorize use of photos taken in our kitchen that you may be in:

Yes, I approve: \_\_\_\_\_ No, I don't approve: \_\_\_\_\_

*The Wellness Kitchen and Resource Center*  
*A 501(c)3 organization for the benefit of others*  
1255 Las Tablas Road, Suite 102, Templeton, CA 93465  
Kitchen: (805) 434-1800 \*\* Fax: (805) 434-1885 \*\* [www.TheWKRC.org](http://www.TheWKRC.org)