



SAIVA

SAIVA Volunteer Waiver of Liability

We greatly appreciate your assistance and commitment to promoting health, education, and friendship through volunteering. For several reasons, we have to maintain an accurate record of all volunteers. This is an annual form where you agree to release SAIVA, including its directors, officers, employees, and agents of all liability while participating in any activity organized through SAIVA. This is a voluntary release for any and all future injuries or accidents. The risks include those foreseen and unforeseen, known and unknown. **This form is in effect for one year from the signing date.** I, the volunteer, desire to work as a volunteer for SAIVA and engage in the various activities. I understand that the activities may include, but are not limited to: being transported by volunteers or other agencies, working in offices, working in volunteer service venues, participating in educational sessions, practicing Yoga and Meditation or other holistic health techniques, cooking and serving food and drinks, providing babysitting services, and participating in special events and fund-raisers. I hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. I do hereby voluntarily release, waive, discharge, hold harmless, defend and indemnify SAIVA, and its employees, officers, staff, volunteers, and agents from and against any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise as a result of providing or using transportation services provided by SAIVA volunteers or agents. By signing this release, I specifically understand that I am giving up the right to sue SAIVA and am releasing, discharging and waiving any claim or actions that I may have presently or which may arise in the future for the acts and conduct of the employees, officers, staff, volunteers, and agents of SAIVA arising during the transportation.
2. I assume all risks of personal injury, including death and damage to personal property sustained during SAIVA volunteer events, and release SAIVA, and its employees, officers, staff, volunteers, and agents from any and all liability for any injury, death or damages, suffered whether due to negligence of SAIVA. I agree to defend, indemnify and hold the SAIVA, and its employees, officers, staff, volunteers, and agents harmless from and against any and all actions, suits, claims, demands, causes of action, proceedings, losses, costs, expenses including, without limitation, all attorney fees and disbursements, damages, liability and fines or penalties, in any way arising out of, or relating to, connected with directly or indirectly, the use of the Premises regardless of whether there is active or passive negligence or fault on the part of SAIVA. I agree to indemnify and hold harmless SAIVA for any costs incurred to treat me, even if an indemnitee has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I understand that SAIVA does not maintain any insurance policy covering any circumstances arising from my participation in volunteer activities or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. I give permission to receive appropriate first aid in the event of accident or injury, and to be transported to the hospital for needed medical care.
3. I hereby release SAIVA from any claims which might occur from the consumption of any food prepared, originally intended and scheduled to be consumed at the designated time of various events, or where food is removed to be consumed off premises at a later time. These liabilities will include but are not limited to any health hazards resulting from improper or inappropriate handling, storage and display of any food items.
4. Given the diverse nature of volunteer activities undertaken, I acknowledge that my participation in the volunteer activities may expose me to various risks of damage to property, or physical injury, sickness or death. I further acknowledge that SAIVA is not able to ensure my complete safety while I am participating in any such activity and I freely accept and fully assume all liability for such risks, damages, hazards, losses, injury, expense, or inconvenience that may arise during my participation in any activity.
5. I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture, and ask for support from the teacher. I affirm that I alone am responsible to decide



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whether to practice yoga or any other physical activity organized by SAIVA. The liability waiver applies to all programs from physically meeting to virtual. No information about the program, details, names should be used outside of our programs.

- 6. I do hereby give SAIVA the irrevocable right to use my name, picture, portrait, or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, which may be created.
- 7. By signing this document, I verify that I have understood this waiver, and that I have had the opportunity to ask for clarification of all and any of its parts. I have also had the opportunity to receive translation of this waiver if I do not fully understand it in English.

I have read and understand all of the above on this the _____ date of _____, 20_____.

Signature _____

Volunteer Name (Print Please) : _____

Volunteer Address: _____

Phone number where you are most easy to reach: _____

Email : _____

Group/Organization: (if applicable) _____

******* If the volunteer is under the age of 18 a parent or legal guardian must sign. *******

Parent/Guardian Signature: _____ **(if 18 or under)**

In case of emergency, please contact:

Name: _____

Relationship: _____

Address: _____

Phone: _____