



Casas de Luz

A social action program of The Unitarian Universalist Fellowship of San Dieguito

VOLUNTEER PARTICIPATION RELEASE & AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I, [please print] _____, the undersigned, represent that:

- I am an adult who is volunteering to participate in the following Casas de Luz project.
- I am the parent/guardian of _____, and grant permission for my family member to participate as a volunteer in the following adult-supervised activity and for my family member to be transported to and from the location indicated by reasonable and safe means.

Activity: Homebuild or Cottage construction or Casas de Luz project **Location:** Mexico or US

From Date/Time: _____ To Date/Time: _____

In consideration of being allowed participation in the Activity, I agree and hereby do release, indemnify, hold harmless, and promise not to sue the Unitarian Universalist Fellowship of San Dieguito ("Fellowship"), its employees, volunteers, Board members, agents, and or any and all adult supervisors of the Activity, from and for any and all liability which may arise for damages, loss or injuries, either to person or property, which I or my family member may sustain while engaged in the Activity, including but not limited to any damages, loss or injuries that may be sustained through transportation to and from the activity. I further agree to assume responsibility for any liability which may arise for damages, loss or injuries, as described herein which may be caused or contributed to by me or my minor to the person or property of others. I acknowledge that the activity involves risk, which I assume. I agree that the only recourse that may be available is the Fellowship's volunteer insurance coverage, to the extent it may apply, and whether or not it applies I promise not to sue or pursue any other recourse. I further grant permission to use any photographs. The above shall be as broad and inclusive as permitted by the laws of California.

Should any injury occur, I grant permission to receive treatment from an appropriate health care provider to be selected by the adult supervisor of the Activity, when, in such supervisor's opinion, the need for such treatment is immediate, and when efforts to contact me are unsuccessful. I also agree to pay and be responsible for all medical, hospital or other expenses which the Fellowship and/or any and all adult supervisors may incur as a result of securing such treatment.

Signature: _____ Date: _____

Home Address: _____

City, State. Zip: _____ Phone: () - -

Emergency Contact: _____ Emergency Phone: () - -

Family Physician: _____ Physician's Phone: () - -

Employer: _____

Health Insurance Provider: _____

Medical Information (Allergies, Medications, Etc.): _____

Covid-19 Liability Waiver and Assumption of Risk

I _____, understand the risk of participating in a group activity during the Covid-19 pandemic.

1. I understand this virus is extremely contagious and can result in illness, permanent disability, and death.
2. I acknowledge and voluntarily assume the risk of being exposed to Covid-19 during this volunteer activity, therefore assuming any consequent costs of testing or treatment if exposed.
3. I accept and commit to adhering to the Covid-19 protocol established by Casas de Luz, including vaccination in order to participate, wearing a mask, sanitizing tools and any other restrictions put in place at the time.

I have read and understand this agreement and am aware that by signing below I accept all responsibility to any exposure to the Covid-19 virus during this activity.

Signature: _____ Date: _____