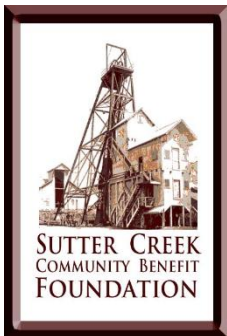


Sutter Creek Community Benefit Foundation Volunteer Form



We invite you to join us as a volunteer. Whether you have a few hours a week or are willing to just help out at an event or on a special project, we appreciate your willingness to help us further our mission which is dedicated to the restoration, preservation and development of the community's historic assets both now and for future generations.

Name _____

Mailing Address _____

City _____ Zip Code _____

Contact Phone _____ Email _____

In Case of Emergency Please Contact _____

Please check any areas that you have a skill or interest.

<input type="checkbox"/> Tour Guide/Docent	<input type="checkbox"/> Landscape/Gardening
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Newsletter/historical research
<input type="checkbox"/> Event Helper (Traffic, setup, cleanup)	<input type="checkbox"/> Archives
<input type="checkbox"/> Marketing/promotions	<input type="checkbox"/> Social media
<input type="checkbox"/> Grant research	<input type="checkbox"/> Alumni research
<input type="checkbox"/> Curating	<input type="checkbox"/> Other
List other skills, abilities, or interests you have:	

This form can be sent by postal mail or emailed.

Sutter Creek Community Benefit Foundation (SCCBF)

P.O. Box 24

Sutter Creek, CA 95685

info@sccbf.org

Sutter Creek Community Benefit Foundation (SCCBF)
Waiver of Liability

This Waiver of Liability (the "Waiver") executed on this _____ day of _____, 20____, by _____ (the "Volunteer") in favor of the Sutter Creek Community Benefit Foundation (SCCBF), a 501c3 corporation organized and existing under the laws of the State of California, USA.

I, the Volunteer, desire to work as a volunteer for the SCCBF and engage in the activities related to being a volunteer for a work project. I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. **Waiver and Release.** I, the volunteer, release and forever discharge and hold harmless the SCCBF and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with the SCCBF. I understand and acknowledge that this Waiver discharges the SCCBF from any liability or claim that I, the Volunteer, may have against the SCCBF with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the SCCBF work site. I also understand that the SCCBF 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, illness, death or property damage.
2. **Insurance.** I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of the SCCBF beyond what may be offered freely by the representative of the SCCBF in the event of such injury or medical expense.
3. **Medical Treatment.** I hereby release and forever discharge the SCCBF from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with the SCCBF.
4. **Assumption of the Risk.** I understand that my time with the SCCBF may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from the work site. I hereby expressly and specifically assume the risk of injury or harm in these activities and release the SCCBF from all liability for injury, illness, death, or property damage resulting from the activities of my time with the SCCBF.
5. **Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of California in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not other wide affect the remaining provisions of this Release which shall continue to be enforceable.

Printed Name

Signature

Address

City

Zip

Phone