

RONALD MCDONALD HOUSE CHARITIES® OF SOUTHERN CALIFORNIA VOLUNTEER SERVICES AGREEMENT & ELECTION OF PARTICIPANT ACCIDENT INSURANCE COVERAGE

Name of Volunteer:

 Program Location:

 □ BRMH □ CAMP □ LARMH □ LLRMH □ XLBRMH □ OCRMH □ PRMH □ PSC
 □ House □ Activity □ Special Event □ Other
 □ Other

ELECTION OF REMEDY

As a condition of my volunteer service with the Ronald McDonald House Charities® of Southern California ("RMHCSC") and in consideration for my use of RMHCSC facilities and equipment, I, the above named volunteer, hereby understand and agree that in the event I am injured during my RMHCSC volunteer service, or subsequent thereto as a result of such service, that I am hereby electing to be covered under RMHCSC Participant Accident Insurance Program ("Program") as a volunteer for RMHCSC. This election of remedy shall be binding on myself, my heirs, administrators, executor and assigns. I understand that coverage under RMHCSC Participant Accident Insurance program medical or accident insurance, if any, and in the event I do not have such insurance coverage, RMHCSC Program shall provide primary coverage up to the limit of the policy of \$50,000 for covered medical expenses. A copy of the plan is available for my review in the RMHCSC Program Support Center located at 765 S. Pasadena Ave., Pasadena, CA 91105

WAIVER, RELEASE & INDEMNITY

In consideration of my use of RMHCSC facilities and equipment and of my coverage under RMHCSC Accident Insurance Program, I, the above named Volunteer, hereby for myself, my heirs, executors, administrators, and assigns voluntarily release, forever discharge, waive, and relinquish any and all actions, claims, or causes of action for bodily injury, personal injury, property damage, or wrongful death occurring or arising out of the course and scope of my volunteer service against RMHCSC, its officers, agents, volunteers, and/or employees (herein after referred to collectively as "RMHCSC"), whether the same shall arise by contract, the negligence of any of said persons, or otherwise. IT IS MY INTENTION BY THIS INSTRUMENT TO EXEMPT AND RELIEVE RMHCSC FROM ANY AND ALL LIABILITY TO ME, MY HEIRS, ADMINISTRATORS, EXECUTORS AND ASSIGNS FOR BODILY INJURY, PROPERTY DAMAGE, AND WRONGFUL DEATH CAUSED BY NEGLIGENCE.

I, the above named Volunteer, for myself, my heirs, administrators, executors, and assigns do hereby agree, in the event any claim for bodily injury, property damage, or wrongful death arising out of my volunteer services shall be prosecuted against RMHCSC to defend, indemnify, and hold harmless RMHCSC from and against any and all such claims or causes of action by whomever or wherever made or presented, except for such claims as may arise from or be caused by the willful misconduct of RMHCSC.

I hereby expressly waive all rights under Section 1542 of the Civil Code of California which states that a "general release does not extend to claims which the creditor does not know or suspect to exist in his/her favor at the time of executing the release, which if known by him/her must have materially affected his/her settlement with the debtor."

RMHCSC has absolute permission to use your image in print, on tape or film for any lawful purpose whatsoever.

REPORTING OF INJURIES/ILLNESSES AND MEDICAL TREATMENT

I hereby agree to immediately report all injuries or illnesses contracted in the scope of my volunteer service to the Volunteer Coordinator, Director of Operations, or Excutive Director.

EMERGENCY CONTACT:

Name

Relationship

Telephone

AUTHORIZATION TO TREAT

In case of medical and/or surgical emergency, I authorize RMHCSC to arrange for any x-rays, anesthetic, medical, dental, surgical diagnosis, treatment, and hospital care which is deemed advisable by and is to be rendered under, the supervision of any physician, dentist or surgeon licensed under the provisions of the California Medical Practice Act/or the California Dental Practice Act. This authorization is given pursuant to the provisions of Section_1542 of the Civil Code of California of California. I, the above named volunteer, have read and understand the above "election of remedy," the "waiver, release and indemnity," and the waiver of Civil Code Section 1542 rights, and agree to all of them.

DATE

FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above for myself, my heirs, assigns, and next of kin. I release and agree to indemnify and hold Ronald McDonald House Charities® of Southern California and any of its programs harmless from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

Parent/Legal Guardian Signature

Date

Emergency Contact Name

Emergency Contact Number

Photo Release – Please complete and sign the photo release below

Ronald McDonald House Charities of Southern California® Grant, Assignment, Release and Waiver

I hereby grant to Ronald McDonald House Charities of Southern California® (RMHCSC), its affiliates, subsidiaries, advertising and promotional agencies, and their agents and representatives (collectively, "RMHCSC"), the irrevocable, unrestricted worldwide right to use, publish, display, broadcast, edit, modify and distribute materials bearing my name, voice, image, likeness and/or any other identifiable representation of myself (collectively, "My Likeness"). These materials may appear in any form, style, color or medium whatsoever now known or later developed (including, without limitation, photographs, videotapes, films, sound recordings, software, drawings, prints, broadcast, internet and electronic media).

I agree that all materials containing My Likeness (including, without limitation, all negatives, plates and masters of any photographs, files, prints or tapes) shall be and remain the sole and exclusive property of RMHCSC, and I hereby assign any right I may have acquired in or to such material to RMHCSC. I hereby release and forever discharge RMHCSC from any and all claims, liabilities and damages relating to the use of My Likeness.

I hereby waive any right I may have to inspect or approve the finished materials or any part or element thereof that incorporates My Likeness.

I have agreed to the above in consideration of the opportunity given to me by RMHCSC to appear in these materials. I acknowledge that I have fully read and understand this document and that I have had any questions regarding its effect or the meaning of its terms answered to my satisfaction. I certify that I am at least 18 years of age, unless this document is also signed by my parent or legal guardian.

Name (please print)

Signature

Address

Date Signed

City, State, Country, Zip/Postal Code

I represent that I am a parent or legal guardian of the person identified above, who is a minor. I understand the above and consent to the use of his/her Likeness as set forth above.

Signature of Parent or Guardian

Minor's Date of Birth

Name of Parent or Guardian (please print)