



El Puente Liability and Photo Release for Volunteers

I, (name) _____, wish to participate in El Puente Educational Center program as part of a school related service hours requirements, which may include indoor and outdoor experiences. I understand that there are possible dangers associated with the Program, including but not limited to vehicle accidents, physical injury, etc.

During the COVID-19 epidemic, El Puente's primary concern is the health and safety of staff, volunteers, visitors and students part of the program. As such we provide hand wash hand soap and hand sanitizer for your use and have increased its cleaning of frequently touched surfaces. We ask anyone who is feeling unwell or who has had contact with someone diagnosed with COVID-19 to stay at home until the risk for infection has passed. However, no public activity can be 100 percent safe. By participating in the Program, you accept the risk that you may come into contact with pathogens, including the COVID-19 virus. Older adults and people of any age with severe underlying medical conditions may be at higher risk for developing serious complications from COVID-19.

I agree that I am participating in the Program at my own risk, and acknowledge that El Puente has made no warranty or representation, expressed or implied, regarding the safety of the Program. I agree and understand that recordings, which may include my image, appearance, voice, name and/or biographical material may be made and/or produced at the Program. I hereby give El Puente permission to use, reproduce, duplicate, broadcast and distribute pictures, in any and all media including, but not limited to the internet, whether now known or hereafter devised, in perpetuity. I agree that I have not claimed compensation, that pictures or video can be used in commercial or advertising materials, that they can be edited at El Puente's sole discretion and that I waive any right to inspect or approve the finished version. I expressly release and hold harmless El Puente and its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands, actions and causes of action whatsoever for any loss, damage or injury to person or to property suffered or incurred by me in connection with the Program or any aspect of it, including, but not limited to, any activities sponsored by the Program. This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

Signature: _____

Date: _____

Printed Name: _____

Address: _____