



## THE SKY KIDS, INCORPORATED VOLUNTEER WAIVER AND RELEASE OF LIABILITY

I, \_\_\_\_\_, in consideration of volunteering my services at any facilities owned or used and/or operated by Sky Kids, Incorporated, and on behalf of myself, my spouse, my legal representatives, and my heirs and assigns do hereby, release and forever discharge the Sky Kids, Incorporated and the City of Chino, CA and the County of San Bernardino, CA and Threshold Aviation and the Chino Airport and their respective affiliates, officers, directors, agents, employees, volunteers, pilots and assigns, from any and all claims, demands, causes of actions, suits, damages, costs, and expenses for any and all personal injuries, illness, loss of time, pain and suffering, or property damage, arising out of or occurring, in connection with my volunteering with Sky Kids, Incorporated.

I recognize and acknowledge that my participation in this volunteer service is solely at my own risk. I acknowledge that my participation in this service may expose me to risk of injury, illness or possibly demise. I further understand that this Waiver and Release is absolute as to all claims, demands, causes of action, suits, damages, costs and expenses which may arise as a result of my injury, illness or demise, or as a result of any property damage which could occur while I am participating in this volunteer service.

I further agree to abide by all the rules and regulations as hereinafter amended or supplemented, established by Sky Kids, Incorporated, applicable to the authorized use of the premises, and I agree that the use of the premises may be canceled at any time, without prior notice or warning and that I disclaim any recourse in the event of such cancellation and agree to immediately vacate the premises upon request. I understand that from time to time my image or likeness may be used for promotional or advertising purposes.

I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS HELD BY MYSELF, AND VOLUNTARILY AND FREELY AGREE TO THE TERMS AND CONDITIONS SET FORTH.

Volunteer Name : \_\_\_\_\_  
Please Print

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of parent/guardian if volunteer is under 18 years of age)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_