



**Sunshine Academy Summer Camp Volunteer  
Travel/Release and Liability Waiver**

This Release and Waiver of Liability (the "Release") is executed in favor of Sunshine Academy and California Sunshine Foundation, directors, board members and employees, (herein after referred to jointly as Sunshine Academy).

I (or my child/children) desire to be associated with Sunshine Academy and to engage in the volunteer activities as set forth below.

I understand this may include, but may not be limited to traveling to and from other countries, traveling to and from cities and towns outside the United States of America, consuming the food and living in those accommodations available in the foreign country(ies) to which I (or my child/children) travel, and living and working in cultures and with people whose living conditions, social practices and values, and attitudes towards foreigners may be significantly different from those in my home country and culture.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

**General Waiver and Release**

I release and forever discharge and hold harmless Sunshine Academy 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 (or my child's/children's) participating in a volunteer program and related activities, whether such liability, claims, or demands result from travel, disease, consumption of food, or from civil unrest or otherwise.

I understand and acknowledge that this Release discharges Sunshine Academy from any liability or claim against it with respect to any bodily injury, personal injury, illness, death, monetary loss or property damage that may result from my (or my child's/children's) participation in a volunteer

program at Sunshine Academy. I understand that Sunshine Academy assumes no 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, accident, monetary loss or property damage.

### **Medical Treatment**

I hereby release and forever discharge Sunshine Academy from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered to me (or my child/children) or to my dependent/companions in connection with an emergency or health problem during my participation in an internship or study abroad program.

### **Assumption of Risk**

I understand that my (or my child's/children's) participation in a Sunshine Academy volunteer program may include activities and circumstances that may be hazardous to me, including, but not limited to, international travel, local transportation in the country of my travels, poor health conditions, inadequate medical treatment facilities and other inherent dangers. I recognize that I (or my child/children) may be traveling to and from locations that pose risks from terrorism, war, insurrection, or criminal activities.

I hereby expressly and specifically assume the risk of injury, illness, death, monetary loss or property damage resulting from such circumstances during my participation with a Sunshine Academy volunteer program, whether suffered by me personally (or my child/children) or by any of my accompanying dependents or companions.

### **Other**

I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. I understand that any dispute concerning this Release which shall continue to be enforceable. I understand that any dispute concerning this Release or any aspect of my participation in a Sunshine Academy volunteer program shall be brought in the state or federal courts of California.

Participant's Name: \_\_\_\_\_

To express my understanding and acceptance of this Release, I sign my name:

\_\_\_\_\_

Parent's Signature (for minors 18 years and younger):

\_\_\_\_\_

Date: \_\_\_\_\_