



Veterans Sanctuary Foundation

VOLUNTEER'S AGREEMENT AND RELEASE FROM LIABILITY

1. **Voluntary Participation.** I acknowledge that I have voluntarily applied to assist in the Veterans Sanctuary Foundation (VSF), is a destination off the grid, in the woods, where Veterans can get away, decompress, give back and bond with other like-minded people. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage provided by VSF, and that I will not be eligible for any Workers Compensation benefits. I further agree that my participation in the Project may be terminated at any time by either Veterans Sanctuary Foundation or me.

2. **Assumption of Risk.** I am aware that, in participating in this project, I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other volunteers, or the conditions under which my volunteer services are performed. With knowledge of these dangers, I agree to accept any and all risks of injury or death, and verify this statement by signing below.

3. **Release.** In consideration of the opportunity afforded me to assist in this Project, I hereby agree that I, my assignees, heirs, guardians and legal representatives, will not make a claim against VSF, or any of its affiliated organizations, or either of their officers or directors, or the supplier of any materials or equipment that is used by the Project, or any of the volunteer workers, for injury, damage or death resulting from the negligent acts or omissions of any person or entity, however caused, arising from my participation in the Project. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in the Project; provided however, that the loss or damage was not caused by an act or omission that was reckless, wanton, intentional, or grossly negligent. I further consent to the unrestricted use by VSF and/or any person authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual or auditory recording of me in connection with the Project.

4. **Knowing and Voluntary Execution.** I have carefully read this page and fully understand its contents. I am aware that this is a release of liability and a contract between myself and VSF, and sign it of my own free will. By signing this agreement I certify that I am eighteen years of age (or older) or have delivered the consent of my parent or guardian to VSF.

Executed at _____, on _____, 20 ____ .

Volunteer (signature)

Please Print Name

Address

E-mail



Veterans Sanctuary Foundation (VSF)
635 8th Street, Boulder City Nevada 89005
(702) 468-2704 bugoutvsf@gmail.com bugoutvsf.com

DONATION RECEIPT

Thank You _____ (Donor's Name) for your contribution of
_____ Dollars (\$ _____) in value as described as:

Monetary Payments made by: Check: _____ Cash: _____ Credit Card: _____ Other: _____

Veterans Sanctuary Foundation (VSF) is classified as a 501(c) (3) non-profit organization by the standards of the internal Revenue Service (IRS). Therefore, any donation may be tax-deductible to the extent allowed by law.

Authorized Signature: _____

Representative's Name: _____

Title: _____

Tax ID Number: 88-4033935

Date: _____