



**PAVA WORLD**  
**PACIFIC AMERICAN VOLUNTEER ASSOCIATION**

Phone: 213-252-8290/8246  
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# VOLUNTEER WAIVER

(PLEASE PRINT LEGIBLY)

If you are not a student please circle one: Parent Sibling Friend Other: _____					
LAST NAME	FIRST NAME	M.I.			D.O.B.
					/ /
ADDRESS		CITY	STATE	ZIP CODE	
HOME PHONE #	CELL #	E-MAIL			
SCHOOL	GRADE	# OF HOURS	PAVA ID # (**REQUIRED**)	DISTRICT	
Are you currently participating in the PVSA program? ( ) YES ( ) NO					

## Agreement and Release from Liability

1. I acknowledge and am fully aware that some of the activities that I may be involved in, at, or on behalf of PAVA may present certain unforeseen hazards. I also accept that this event/activity may test my physical and mental limits and may carry with it potential for death, serious injury and property loss. With that being said, I further acknowledge and certify that I am physically and mentally fit for participation in the activity/event and have not been advised to not participate by a qualified medical professional.

2. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this event/activity.

3. In consideration of my application and permitting me to participate in this event/activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

A) **I waive, release, and discharge**, from any and all liability, including, but not limited to, liability arising from negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, **the following entities or persons:** The Pacific American Volunteer Association(PAVA) and/or their directors, officers, employees, volunteers, representatives, agents, event/activity holder, event/activity sponsors, and event/activity volunteers.

B) **I indemnify, hold harmless, and promise not to sue**, the entities or persons (mentioned above in (A)), from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

4. I acknowledge that PAVA and their directors, officers, volunteers, representatives and agents are **NOT** responsible for the errors omissions, acts or failure to act of any party or entity conducting a specific event/activity on behalf of PAVA.

I fully understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, \_\_\_\_\_(please print name), CERTIFY THAT I HAVE THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature: \_\_\_\_\_  
(Volunteer or Guardian if under the age of 18)

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

Emergency Contact: Name: \_\_\_\_\_

Phone #: \_\_\_\_\_