



## Waiver and Release of Liability

I understand that Delivering with Dignity is a program that delivers meals to vulnerable individuals and families at risk for contracting COVID-19 and that partners in the program including but not limited to COPIA, Blau + Associates, Elain P. Wynn & Family Foundation, Moonridge Group, The Moonridge Foundation, United Way of Southern Nevada and all of Delivering with Dignity Restaurant Partners. ("Program Partners").

In consideration for being allowed to participate in volunteer activities related to the Delivery with Dignity program ("Volunteer Activities"), I hereby agree, for myself, my heirs, assigns, executors, and administrators, to release, discharge, indemnify and hold harmless the Program Partners and each of their officers, directors, employees, agents, sponsors, donors, and volunteers from any claims or liability of any kind or nature (including negligence) arising, directly or indirectly, out of my participation in the Volunteer Activities.

I understand that participation in the Volunteer Activities could result in mishap or injury to me and/or my property, including the potential for serious injury or death and monetary loss. I hereby attest that my attendance and involvement in the Volunteer Activities is voluntary, that I am participating at my own risk, and that I have no expectation of receiving monetary compensation for my participation. I understand that the Program Partners do not maintain insurance coverage of any kind for my benefit. By signing this Waiver and Release of Liability, I agree that:

- ☐ I will wear a mask and gloves.
- ☐ I will only drop food on the doorstep, and I will not go inside.
- ☐ I will not hug or touch a client.
- ☐ I will abide by the Nevada Department of Public Safety safe driving laws outlined at [https://ots.nv.gov/Traffic\\_Laws/Traffic\\_Laws/](https://ots.nv.gov/Traffic_Laws/Traffic_Laws/), including no texting while driving, wear a safety belt, no handheld cellphone use, etc.
- ☐ I have and will maintain a valid driver's license and automobile liability insurance as required by law.

Furthermore, I grant permission to the Program Partners to photograph and videotape me in connection with the Volunteer Activities and to use my name, image, likeness, words and personal information forever and throughout the world, in all types of media, in order to promote the Delivering with Dignity program and the missions and objectives of the Program Partners.

**I have read the foregoing Waiver and Release of Liability and fully understand it. I am signing this freely and without any inducement or assurance, and intend this to be an unconditional release of all liability to the greatest extent allowed by law.**

Print Name: \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_