

**Non-Associate Waiver for Recreational,
Social or Athletic Activities**

In order to be allowed to participate in the volunteer recreational, social or athletic activity of loading medical equipment and supplies to be shipped to International Partner Communities (“Activity”), organized by Adventist Health System/West dba Adventist Health (“Adventist Health”), a California nonprofit religious corporation, I, _____, hereby agree to the following:

- Participation in this Activity is strictly voluntary and is solely intended to yield benefits such as recreational enjoyment, community involvement, social interaction, and/or physical exercise.
- I hereby release and forever discharge and hold harmless Adventist Health, its officers, directors, shareholders, members, agents, employees, medical staff, insurers, reinsurers, attorneys, successors, assigns, parent companies, subsidiaries and divisions, affiliates and related organizations, for 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 Activity with Adventist Health.
- I understand that this release discharges Adventist Health from any liability or claim that I may have against Adventist Health with respect to any bodily injury, personal injury, illness, death or property damage, which includes claims for workers' compensation benefits, that may result from my participation in the Activity, whether caused by the negligence of Adventist Health or its officers, directors, shareholders, members, agents, employees, medical staff, insurers, reinsurers, attorneys, successors, assigns, parent companies, subsidiaries and divisions, affiliates and related organizations or otherwise. I also understand that Adventist Health does not assume any 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 or illness.

I, the undersigned, declares that I am a voluntary participant in the Activity listed above.

Volunteer Name

Volunteer Signature

Date

By:

**Adventist Health System/West
dba Adventist Health**