



RELEASE OF LIABILITY

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECT YOUR LEGAL RIGHTS

Claimant Name _____

Company or Person Name Involved in the incident _____

I, _____ hereby authorize the NAACP Ventura County Chapter to represent me in the above entitle matter. This Release and Waiver of Liability (the Release) executed on ____/____/____ (today's date mm/dd/yyyy) in favor of the National Association for the Advancement of Color People (NAACP), a nonprofit corporation and the NAACP for Ventura County Chapter, a nonprofit corporation, their directors, officers, executive board, committee members and collectively anyone who represents the NAACP.

The representative or volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms: Claimant/ Volunteer does hereby release and forever discharge and hold harmless NAACP and its successors and from any and all liability, claims, legality and demands of whatever kind or nature, either in law or in equity, which arise or may arise from Representative/Volunteer's Activities with NAACP.

Claimant/Volunteers UNDERSTANDS THAT THIS RELEASE DISCHARGES NAACP FROM ANY LIABILITY OR CLAIM THAT the Claimant/Volunteer may have against the NAACP with respect to any punitive, bodily injury, personal injury, illness, death, or property damage that may result from Volunteer activity of the NAACP, whether caused by negligence of the NAACP, or its directors, officers, executive board, committee members, agents or otherwise. Claimant/Volunteer understands that the NAACP does not assume any responsibility for or obligation to provide financial assistances or other assistances including but not limited to medical, health, or disability insurance in any and all events.

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(By checking the boxes below you understand and acknowledged the terms and provision as set forth)

I understand that once a referral to a volunteer, community agency or private attorney has been made, the NAACP WILL NOT BE RESPONSIBLE for handling this matter. In fact, I further understand that by signing this document, I am agreeing to HOLD THE NAACP harmless of any and all damages arising as a result of my case being mishandled, negligently handled or improperly handled in any way

Full Name _____

Signature: _____

Date _____



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Completing this form does not constitute filing an official complaint with a legal authority. At this time the NAACP is only seeking information to assist you concerning this complaint.

NAACP Ventura County Representative (Print Name)

_____ Date _____
NAACP Ventura County Representative (Signature)

PLEASE KEEP THIS INFORMATION CONFIDENTIAL.