

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

FOR LOVE AND HOPE IN ACTION, INC.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY AND EVERY ACTIVITY AT OR ON BEHALF OF LOVE AND HOPE IN ACTION, INC., including by way of example and not by limitation, any risks that may arise from negligence or carelessness on the part of any persons or entities being released, from any persons on the property owned by Love And Hope In Action, Inc. who may cause any damage whatsoever to the undersigned, from dangerous or defective equipment or property owned, maintained, or controlled by Love And Hope In Action, Inc. or its employees, agents, directors, officers, volunteers, staff, business invitees, clients or representatives, or because of any possible liability whatsoever.

I certify I am physically fit and of sober mind for volunteering in this organization. I certify there are no health-related reasons or problems which preclude my participation in this organization.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Love And Hope In Action, Inc. and its employees, agents, directors, officers, volunteers, staff, business invitees, clients or representatives and that I will properly govern my actions and responsibilities at any activity to avoid causing or creating liability for or to Love And Hope In Action, Inc. and its employees, agents, directors, officers, volunteers, staff, business invitees, clients or representatives.

In consideration of my application and Love And Hope In Action, Inc. permitting me to participate in this organization and in future activities, I hereby take action for myself and my heirs, personal representative(s), next of kin and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including arising from negligence or fault of the entities or persons released, their employees, agents, directors, officers, business invitees, clients or representatives, for my personal injury, disability, or even my death or actions of any kind which hereafter occur to me including my traveling to and from this organization, THE FOLLOWING ENTITIES OR PERSONS: Love And Hope In Action, Inc., its employees, agents, directors, officers, volunteers, staff, business invitees, clients or representatives.
- (B) I AGREE TO INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this form from any and all liabilities or claims made as a result of participation in any activity, whether caused by negligence of any person or entity or otherwise.

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

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THIS IS A RELEASE OF LIABILITY CONTRACT AND I SIGN IT OF MY OWN FREE WILL, FREE FROM ANY DURESS.

Volunteer's Name (Print)

Date

Volunteer's Signature