



## WAIVER AND RELEASE OF LIABILITY

**VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM IN ORDER TO PARTICIPATE AT EVENTS OR TO VOLUNTEER AT THE HAPPY HOPE FACTORY.**

**PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER AGE 18**

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Check here if Volunteer is under age 18:

Contact Email: \_\_\_\_\_

Address: \_\_\_\_\_

Legal Guardian Email: \_\_\_\_\_ Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Emergency Contact

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

Relationship to Participant: \_\_\_\_\_ Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

**RELEASE OF LIABILITY** I hereby release, indemnify and hold harmless Message of Hope Foundation, its officers, directors and employees, the participating agencies, the coordinating agencies, the organizers, sponsors, anyone acting on its behalf and supervision from any and all claims of liability in connection with any injury, death or property damage of any kind or nature whatsoever I may sustain, including any injury caused by negligence, in conjunction with any volunteer efforts in which I participate. I will abide by all safety instructions and information provided to me during any and all volunteer efforts. Further, I expressly agree that this release, waiver, and indemnity agreement extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown, and binds, myself, my heirs, executors, administrators or anyone else who might claim on my behalf. I have carefully read to the foregoing release and indemnification, and understand the contents thereof, and sign this release as my own free act.

**COMMUNICATIONS RELEASE** I hereby grant permission to Message of Hope Foundation to use my photograph, video, recordings or statements taken during volunteering on its website, social media sites, in other marketing materials, or in other public publications without further consideration, and I acknowledge Message of Hope Foundation's right to crop or treat the photograph at its discretion. I also acknowledge that Message of Hope Foundation may choose to use my photo at its own discretion, and to authorize any newspaper, company or other organization to use, publish, republish or exhibit said photograph with or without identification of me by name and to publish or disseminate statements referring to me in conjunction therewith in the promotion of Message of Hope Foundation and any of its activities.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**PARENTAL CONSENT/RELEASE – if the individual is under 18 years of age, a parent or legal guardian must sign the following. I hereby consent and agree, as a parent or legal guardian of to all the terms and provisions above.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Name (please print): \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to minor: \_\_\_\_\_

**Volunteer forms for minors will be accepted only with parent/guardian signature above.**