



Waiver of Liability and Release

Please read the following carefully. If you have any questions, have them answered before signing this document.

I understand that, as a volunteer, I am in no way, shape or form an employee of Arms of Hope, Medina Children's Home, or Boles Children's Home ("AOH"). I understand and agree that I will not receive any compensation or benefit for my participation in volunteer activities, nor will I be eligible for any coverage under the Workers' Compensation laws of Texas.

I hereby acknowledge and agree that participation in volunteer activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with volunteer activity participation, including but in no way limited to: (1) slips, trips and falls, (2) lifting injuries, (3) athletic injuries, and (4) illness, (5) exposure to or infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with volunteer participation and that this list in no way limits the operation of this Agreement.

In consideration of my participation as a volunteer with AOH, I, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE AOH, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against AOH on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of AOH facilities/equipment or participation in AOH programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in volunteer activities, I, the undersigned participant, agree to IDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation in volunteer activities.

I hereby certify that I have full knowledge of the nature and the extent of the risks inherent in participation in volunteer activities and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death. I sustain while participating in volunteer activities and that by signing this agreement I HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in volunteer activities.

I agree that any participation I have with any resident(s) of Arms of Hope or with any volunteer(s) will positively benefit the AOH resident(s) and/or other volunteer(s) and, I agree that I will not act or participate in any action that causes harm or injury to an AOH resident(s) or volunteer(s).

Print Name: _____ Date: _____

Signature: _____ Phone #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Email Address _____

Family members who are also "Friends of Arms of Hope" and your relationship: Example: Jon Doe - brother

For persons under 18 years of age – please complete. This person will be contacted in case of an emergency.

Print Name: _____ Date: _____

Name of Guardian/Parent: _____

Signature of Guardian/Parent: _____ Phone #: _____

Complete Address: _____

Email Address _____

Witness:

Signature: _____ Date: _____

Print name: _____ Phone #: _____