



Volunteer Release and Waiver of Liability

This Release and Wavier of Liability (the “Release”) executed on _____ (date) by _____ (“Volunteer”) releases Hope Villages of America Inc. (“HVA”), formerly HVA, a nonprofit corporation organized and existing under the laws of the State of Florida and each of its directors, officers, employees, and agents. Volunteer desires to provide volunteer services for HVA and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with HVA is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that HVA will not provide any benefits traditionally associated with employment to Volunteer, including workers’ compensation insurance; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury, illness, or property damage as a result of Volunteer’s services to HVA.

1. **Waiver and Release:** I release and forever discharge and hold harmless HVA and its affiliates, directors, officers, staff, and successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to HVA or on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with HVA. I understand and acknowledge that this Release discharges HVA from any liability of claim that I may have against HVA with respect to bodily injury, personal injury, illness, or property damage that may result from the services I provide to HVA or occurring while I am providing volunteer services.
2. **Insurance:** I understand that HVA does not assume any responsibility for, or obligation to, provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of HVA beyond what may be offered freely by HVA in the event of injury or medical expenses incurred by me.
3. **Assumption of Risk:** I understand that the services I provide to HVA may include activities that may be hazardous to me or may involve activities that are inherently dangerous. I hereby expressly assume risk of injury or harm from these activities and release HVA from all liability.
4. **Photographic Release:** I grant HVA the right to take photos, audio, or videos me and my property. I also grant and convey to HVA all right, title, and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by HVA in connection with my providing volunteer services to HVA.
5. **Dismissal:** I understand that HVA has the right to dismiss me as a volunteer for any reason whatsoever at any time. I further understand that my dismissal will be at the sole discretion of the staff of HVA.
6. **Confidentiality:** I agree and pledge not to reveal any information about guests, staff, or volunteers that I may obtain or receive in the performance of my duties at HVA. I further agree to respect the confidentiality of any personal documents, reports, or other documents to which I have access.
7. **Other:** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that this Release shall be governed by the laws of the State of Florida. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provision of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release willingly and voluntarily.

Signature of Volunteer

Signature of Parent/Guardian
(also required if Volunteer is under age 18)