**VOLUNTEER RELEASE OF LIABILITY STATEMENT**

**The Adult Volunteer, Volunteer and/or Guardian/Parent of the Volunteer signing below desires the Volunteer to participate in volunteer work with LutheranHANDS and its partners. Throughout this agreement, “LutheranHANDS and its partners” includes all those groups, individuals, institutions, and corporations in which LutheranHANDS chooses to partner with during its mission trips and volunteer events and includes St. Bernard Project and Camp Restore.**

This Release and Waiver of Liability (the “Release”) is executed on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Volunteer”) in favor of The LutheranHANDS Foundation (hereinafter referred to as “LUTHERANHANDS”), their directors, officers, employees, volunteers and (collectively “LUTHERANHANDS and Partners”).

The Volunteer desires to work as a volunteer for LUTHERANHANDS and Partners while engaging in the activities related to being a volunteer (the “Activities”). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the LUTHERANHANDS offices, and living in housing provided for volunteers of LUTHERANHANDS and Partners.

The Volunteer hereby freely, voluntarily and without duress executes this Release under the following terms:

\_\_\_\_\_ (initials) **Release and Waiver and Indemnification:** Volunteer does hereby release, indemnify and forever discharge and hold harmless LUTHERANHANDS and Partners and their successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with LUTHERANHANDS and Partners. Volunteer understands that this Release discharges LUTHERANHANDS and Partners from any liability or claim that the Volunteer may have against LUTHERANHANDS and Partners with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with LUTHERANHANDS and Partners. Volunteer also understands that LUTHERANHANDS and Partners do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

\_\_\_\_\_ (initials) **Medical Treatment:** Volunteer does hereby release and forever discharge LUTHERANHANDS and Partners from any liability or claim that the Volunteer may have against LUTHERANHANDS and Partners from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with LUTHERANHANDS and Partners.

\_\_\_\_\_ (initials) **Assumption of Risk:** The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases LUTHERANHANDS and Partners from all liability for injury, illness, death, or property damage resulting from the Activities.

\_\_\_\_\_ (initials) **Insurance.** The Volunteer understands that, except as otherwise agreed to in writing; LUTHERANHANDS and Partners do not carry or maintain health, medical, or disability insurance coverage for any Volunteer. *Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.*

\_\_\_\_\_ (initials) **Legal Advice.** I am aware that I have the right to seek separate legal representation with regard to this document and that LUTHERANHANDS and Partners have not provided me with legal advice regarding this matter.

\_\_\_\_\_ (initials) **Photographic Release.** Volunteer does hereby grant and convey unto LUTHERANHANDS and Partners all right, title, and interest in any and all photographic images and video or audio recordings made by LUTHERANHANDS and Partners during the Volunteer’s Activities with LUTHERANHANDS and Partners, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

\_\_\_\_\_ (initials) **Confidentiality.** Volunteer understands the need for confidentiality, and will not discuss, photograph or otherwise disclose any identifying information about the occupants of the house where the volunteer works prior to permission granted by LUTHERANHANDS and Partners.

\_\_\_\_\_ (initials) **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the **Commonwealth of Pennsylvania and the States in which we are serving in**, and that this Release shall be governed by and interpreted in accordance with the laws of the **Commonwealth of Pennsylvania and the States in which we are serving in**. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of this Release which shall continue to be enforceable.

Volunteer has executed this Release as of the day and year first above written.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone (H): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Volunteers under age 18**

Volunteer and Guardian have carefully read this document, fully understand its contents and sign it voluntarily. I state that I am the parent or legal guardian of the above volunteer and that the above volunteer is under 18 years old

Signature of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_