

Volunteer Waiver and Liability Release Form

NOTICE: BY SIGNING THIS DOCUMENT, YOU GIVE UP IMPORTANT LEGAL RIGHTS. READ IT CAREFULLY BEFORE YOU SIGN IT.

In consideration for the opportunity to volunteer for Amor Cristiano Internacional, Inc. ("Orphanage Emmanuel"), [715 Moores Mill Drive Auburn, AL 36830; Apartado Postal 20496 Comayaguela, Honduras, Central America], and on behalf of myself, my spouse, heirs, legal and personal representatives, assigns, and anyone else claiming under myself:

I, _____ (print name) (the "Volunteer") (or Volunteer's parent or guardian if the Volunteer is a minor) acknowledge that I volunteer my services (the "Activities") to Orphanage Emmanuel without the expectation of compensation or remuneration in services, goods, cash or otherwise.

I (or Volunteer's parent or guardian if the Volunteer is a minor) understand the Activities may include, but not be limited to, intense physical activity, lifting of heavy items and persons, loading of heavy equipment and items, operations of and exposure to industrial farm machinery, contact with unidentified and unfamiliar persons, contact with blood and bodily fluid, contact with medical supplies, contact with farm and or wild animals, travel in privately-owned and borrowed vehicles, and travel to and from project locations (including, but not limited to, facilities owned and operated by Orphanage Emmanuel), and the necessity to incur actual and opportunity costs prior to engaging in the Activities.

I (or Volunteer's parent or guardian if the Volunteer is a minor) understand that the Activities may result in various types of injury, damage and loss to myself, my spouse, heirs, legal and personal representatives, assigns, and others including, but not limited to, the following: personal bodily injury, sickness, emotional injury, death, property damage, financial damage and other losses (collectively referred to as the "Risks").

I (or Volunteer's parent or guardian if the Volunteer is a minor) accept personal financial responsibility for any injury, damage or other loss sustained during or related to any and all Activities at or for Orphanage Emmanuel, including travel and/or transportation to and from the Activities, any good Samaritan or emergency response and/or medical treatment rendered by Orphanage Emmanuel, its agents, assigns, officers, affiliates, employees, representatives, insurers, volunteers, or myself.

I (or Volunteer's parent or guardian if the Volunteer is a minor) **fully and forever release and discharge, and promise to indemnify, defend, and hold harmless**, Orphanage Emmanuel, its agents, assigns, officers, affiliates, employees, representatives, insurers, successors, volunteers, and anyone else for any and all claims for injury, damage or loss arising directly or indirectly during or as a result of the Activities, including, but not limited to, **any and all claims arising from the negligence** of Orphanage Emmanuel, its agents, assigns, officers, affiliates, employees, representatives, insurers, successors, volunteers, myself, or otherwise. By signing this waiver and release, I (or Volunteer's parent or guardian if the Volunteer is a minor) intend to bind my spouse, heirs, legal and personal representatives, assigns, and anyone else claiming under myself.

Furthermore, I (or Volunteer's parent or guardian if the Volunteer is a minor) consent to Orphanage Emmanuel's and its affiliates' use of my name, picture, likeness, work products, and verbal and written statements taken, collected, developed or created during the Activities in publicity, publications, videos, websites, public relations activities and other forms of media that may be used currently or in subsequent years without compensation or remuneration.

I (or Volunteer's parent or guardian if the Volunteer is a minor) have carefully read this Volunteer Waiver and Liability Release Form and I understand its contents. I (or Volunteer's parent or guardian if the Volunteer is a minor) am aware that this is a release of liability and a legal contract between myself and Orphanage Emmanuel that affects my legal rights. I am signing this document on my own free will.

Volunteer Signature: _____ **Date signed:** _____

(To be completed by participant or authorized guardian)

Volunteer Name: _____

Address: _____ **State:** _____ **Zip:** _____

Home PH: _____ **Cell PH:** _____ **E-mail:** _____

Emergency Contact: _____

Home PH: _____ **Cell PH:** _____ **Other:** _____

Is volunteer covered by personal/family medical insurance? **Yes** **No**

If yes, name of insurer: _____

Policy/Group Number: _____

If the above volunteer is under the age of 18, I agree that my child may participate as a volunteer for Orphanage Emmanuel in accordance with the statements above:

Parent/Guardian Signature (Required): _____

Name (please print): _____