**Release & Waiver of Liability**

**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

THIS RELEASE & WAIVER OF LIABILITY (“Release”) is executed on this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, by the Volunteer & if there is a parent having legal custody and/or the legal guardian of the Volunteer (“Guardian”), in favor of Rippling Hope; its directors, officers, employees & agents (hereinafter collectively referred to as “Rippling Hope”). The Volunteer and/or Guardian desire that the Volunteer participate in volunteer work projects & the activities related to volunteer work projects in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The Volunteer and/or Guardian understand that the activities may include general cleanup, debris removal, repairs, travel to & from the site(s) & consuming food & inhabiting living accommodations donated for the volunteers (hereinafter collectively referred to as “Work Projects”).

The Volunteer and/or Guardian do hereby freely, voluntarily & without duress execute this Release according to the following terms:

1. **Waiver & Release.** In consideration of the Volunteer being allowed to participate in the Work Projects identified by Rippling Hope, the Volunteer and/or Guardian do hereby release & forever discharge & hold harmless Rippling Hope & its successors & assigns from any & all liability, claims, damages & demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's participation in the Work Project. Volunteer and/or Guardian understand that this Release discharges Rippling Hope with respect to bodily injury, personal injury, illness, death or property damage that may result from Volunteer's participation in the Work Projects. Volunteer and/or Guardian also understand that Rippling Hope does not assume any responsibility for, or obligation to provide financial assistance or other assistance including but not limited to medical, health or disability insurance to the Volunteer and /or Guardian.

2. **Medical Treatment.** Volunteer and/or Guardian do hereby release & forever discharge Rippling Hope from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment or service rendered or not rendered in connection with the Volunteer's participation in the Work Projects or with the decision by any representative or agent of Rippling Hope, to exercise or not exercise the power to consent to medical or dental treatment as such power may be granted & authorized in the Parental Authorization for Treatment of a Minor Child.

3. **Assumption of the Risk.** The Volunteer and/or Guardian understand that the Work Projects may include activities that may be hazardous to the Volunteer & that the food, accommodations & medical facilities may be donated to Rippling Hope & that therefore the quantity, quality & suitability is beyond their control; and, therefore Volunteer and/or Guardian assume all risks associated with the Work Projects, food, accommodations & medical facilities, or the lack thereof.

4. **Insurance.** The Volunteer and/or Guardian understand that Rippling Hope does not carry or maintain health, medical or disability insurance coverage for any Volunteer. **Each Volunteer is expected & encouraged to arrive with medical or health coverage in effect.**

5. **Photographic Release.** Volunteer does hereby grant & convey unto Rippling Hope all right, title & interest in any & all photographic images & video or audio recordings made by Rippling Hope during the Volunteer’s activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** Volunteer and/or Guardian expressly agree that this Release is intended to be as broad & inclusive as permitted by applicable law. The Volunteer and/or Guardian stipulate & agree that this Release shall be governed by the laws of the State of Washington, the State of incorporation & the domicile of Rippling Hope, without regard to the Washington’s choice of law provisions. Volunteer and/or Guardian agree 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 effect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day & year first above written.

Volunteer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(s) (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Medical Information**

**In case of emergency, please contact:**

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

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

Phone(s) (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Information—please lists any allergies, health problems, medications, etc. that we need to be aware of:

Date of last tetanus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance:

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please bring your health insurance card with you.)

PLEASE BRING THIS FORM TO THE WORK SITE WITH YOU!