



Waiver of Liability and Release

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

In consideration of being allowed to participate as a volunteer during the LHC Mission Trip, I hereby release, waive and hold harmless Arms of Hope which encompasses Boles Children's Home, Medina Children's Home, their Boards of Directors, officers, agents, and employees from and against any and all claims, demands or causes of action of any type whatsoever, including property damage, personal injury or death, arising out of or in any way related to my participation in this event for which I have volunteered.

During this event, there may be opportunity to participate in activities on the Adventure Learning Activity (R.O.P.E.S.) course, courts, gym, and at the swimming facility. This Waiver of Liability and Release also applies to these activities.

I am aware that there are risks and dangers associated with my participation in community service projects, including the risk of property damage, personal injury or death. I acknowledge that my participation in this event at an Arms of Hope campus is voluntary and that I assume full responsibility for any injuries or damages I may sustain as a result of my participation, including while traveling to or from a service project. I agree to use all appropriate precautions and follow safety practices while on an Arms of Hope campus.

I understand that I am solely responsible for any medical costs I may incur as a result of my participation in this event at Arms of Hope.

By signing this Waiver of Liability and Release, I acknowledge that I have read this document, I fully understand it, and agree to its terms and conditions. The undersigned participant in this service activity also agrees to the terms and expectations of this agreement including Arms of Hope use of photographs and/or video that contains their image for publication purposes including; marketing, fundraising and/or informational presentations:

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 _____