

Volunteer Special Activity Release and Authorization Form

(For Volunteers under the age of eighteen)

As a HOPE *worldwide* Volunteer, I commit myself to the methods and procedures outlined in the HOPE *worldwide* training, or as instructed by my HOPE *worldwide* team captain. I will refrain from:

- Selling products or networks marketing of any kind
- Distributing literature not provided to you by HOPE *worldwide*
- Religious proselytizing
- Soliciting funds for HOPE *worldwide* or any other group or event

I understand and agree to treat all information about a child or family as strictly confidential. I understand a criminal background check will be performed on me if I am over the age of eighteen (**only in children services**), and I willingly give permission for any organization that has performed a criminal background check on me in the past to provide the results to HOPE *worldwide*.

In signing this release, I hereby waive all claims, to the extent permitted by law, against HOPE *worldwide* and any associated organizations or individuals, their employees, agents, volunteers and other persons or entities who lead or direct these activities, in the event I am injured or become ill, or in the event of accident or death occurring during or by reason of the activity or excursion. By signing this release, I also intend to hold harmless, exempt and relieve the persons and entities mentioned above from liability for personal injury, property damage, or wrongful death caused by negligence.

Should it be necessary for the participant to receive medical attention/treatment while participating in these activities, I hereby give permission for the person(s) leading or directing these activities, to use their best judgment in obtaining medical attention/treatment for the participant's benefit. I further give permission to the physician/medical professional that is selected by the person(s) leading or directing these activities, to render medical attention or administer medical treatment, as that physician/medical professional deems appropriate and necessary. I also give permission for the person(s) leading or directing these activities to use their best judgment to otherwise render any assistance (i.e. first aid, C.P.R., etc) to the participant in the event of injury or illness.

I understand that none of the above named persons or entities will provide or guarantee insurance coverage for medical or hospital costs for the participant, which are associated with injury or illness occurring in the course of these activities (unless the participant is already a covered dependent under the employee health plan of one of the foregoing entities). Therefore, any costs incurred for such medical attention/treatment will be my sole responsibility.

By signing below, I acknowledge that I have read and understand the terms of this release, have been fully and completely advised of the potential dangers incidental to engaging in these activities, expressly assume all the dangers of these activities, and am aware of the legal consequences of signing this release. I intend for this release to be valid for one year from the time I sign this Release, as noted below.

PRINT FULL NAME _____

SIGNATURE: _____

DATE OF BIRTH: _____

PARENT'S SIGNATURE: _____

TODAY'S DATE: _____

Adult Volunteer Special Activity Release and Authorization Form

As a HOPE *worldwide* Volunteer, I commit myself to the methods and procedures outlined in the HOPE *worldwide* training, or as instructed by my HOPE *worldwide* team captain. I will refrain from:

- Selling products or networks marketing of any kind
- Distributing literature not provided to you by HOPE *worldwide*
- Religious proselytizing
- Soliciting funds for HOPE *worldwide* or any other group or event

I understand and agree to treat all information about a child or family as strictly confidential. I understand a criminal background check will be performed on me if I am over the age of eighteen (**only in children services**), and I willingly give permission for any organization that has performed a criminal background check on me in the past to provide the results to HOPE *worldwide*.

In signing this release, I hereby waive all claims, to the extent permitted by law, against HOPE *worldwide* and any associated organizations or individuals, their employees, agents, volunteers and other persons or entities who lead or direct these activities, in the event I am injured or become ill, or in the event of accident or death occurring during or by reason of the activity or excursion. By signing this release, I also intend to hold harmless, exempt and relieve the persons and entities mentioned above from liability for personal injury, property damage, or wrongful death caused by negligence.

Should it be necessary for the participant to receive medical attention/treatment while participating in these activities, I hereby give permission for the person(s) leading or directing these activities, to use their best judgment in obtaining medical attention/treatment for the participant's benefit. I further give permission to the physician/medical professional that is selected by the person(s) leading or directing these activities, to render medical attention or administer medical treatment, as that physician/medical professional deems appropriate and necessary. I also give permission for the person(s) leading or directing these activities to use their best judgment to otherwise render any assistance (i.e. first aid, C.P.R., etc) to the participant in the event of injury or illness.

I understand that none of the above named persons or entities will provide or guarantee insurance coverage for medical or hospital costs for the participant, which are associated with injury or illness occurring in the course of these activities (unless the participant is already a covered dependent under the employee health plan of one of the foregoing entities). Therefore, any costs incurred for such medical attention/treatment will be my sole responsibility.

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PRINT FULL NAME _____

SIGNATURE: _____

DATE OF BIRTH: _____

TODAY'S DATE: _____