



Hope for Haiti®

**VOLUNTEER LIABILITY RELEASE FORM
(READ CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS)**

Name: _____ (the "Participant")

In exchange for participation in the activity of volunteer services organized by *Hope for Haiti* Inc., of 1021 5th Avenue North, Naples, Florida 34102, I agree for myself to the following:

1. I agree to observe and obey oral or written safety rules, work direction and instruction given by designated *Hope for Haiti* staff.
2. I recognize that there are certain inherent risks associated with volunteer duties and I assume full responsibility for personal injury to myself and further release and discharge *Hope for Haiti* for injury, loss or damage arising out of my use of or presence upon the facilities of *Hope for Haiti*, whether caused by the fault of myself or other third parties.
3. Releases and forever discharges *Hope for Haiti*, Inc., its affiliates and related parties, and their respective successors, directors, officers, managers, members, employees, volunteers, and agents (the "Releasees"), from any and all damages, attorney fees, expenses, liability, claims, or demands for personal injury, sickness, or death, as well as for property damage and expenses, of any nature whatsoever (including, but without limitation to, attorneys fees and expenses) (the "claims"), that may be incurred or suffered by me arising from or related to the Visit, including but not limited to the negligence of *Hope for Haiti*, Inc., its affiliates or related parties, or their respective successors, officers, owners, directors, employees, managers, volunteers, or agents.
4. Acknowledges that I have carefully read and understand all matters covered by this Liability Release Form (this "Release"), WHICH PROVIDES FOR THE LEGALLY ENFORCEABLE WAIVER OF RIGHTS, and I sign this Release voluntarily.

This Release, which contains the entire agreement with respect to the foregoing matters, shall be governed by and construed in accordance with the laws of the State of Florida.

IN WITNESS HEREOF, the Participant has voluntarily signed this Release as of the date set below.

Executed on this _____ day of _____ 20_____

Signature: _____

THIS FORM MUST BE NOTARIZED TO BE VALID, PLEASE SEE BACK OF PAGE

Certificate of Acknowledgement

State of _____

County of _____

On _____, before me, _____,
(date) (notary)

Personally appeared, _____,
(signers)

Personally known to me -- OR --

proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument

WITNESS my hand and official seal
