



HOSPITAL SISTERS MISSION OUTREACH

HOSPITAL SISTERS MISSION OUTREACH ASSUMPTION OF RISK, WAIVER, AND RELEASE FROM LIABILITY

FOR PERSONS UNDER EIGHTEEN (18) YEARS OF AGE, A PARENT OR LEGAL GUARDIAN MUST COMPLETE AND SIGN THIS FORM.

PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGEMENT, WAIVER, AND RELEASE FROM LIABILITY:

In consideration for my (my child's) opportunity to participate as a volunteer for the Hospital Sisters Mission Outreach Corporation ("Mission Outreach"), I voluntarily agree to the following additional terms:

1. I understand that there is no fee to participate in the Program, and neither me nor my child will receive any monetary compensation for my (or my child's) participation.
2. **ASSUMPTION OF THE RISK.** The undersigned assumes all risks which are foreseeable and involved with or may arise out of his or her voluntary participation with the Mission Outreach, or his or her child's voluntary participation with the Mission Outreach, including, but not limited to, the negligent and or willful and wanton acts of others, the criminal and or intentional acts of others, the omission of an act of another, a defect or condition of the premises, a defect in the vehicles used for transport, the unavailability of emergency care, political unrest, terrorist activity, war, and/or natural disasters. The undersigned does not assume the risks of injuries caused by the gross negligence, or willful or wanton misconduct of any officials, officers, employees, or agents of Mission Outreach.
3. **RELEASE.** The undersigned releases Mission Outreach and all of its officers, trustees, employees and agents not to initiate litigation on account of or in connection with any claims, causes of action, injuries, illnesses, damages, and/or cost or expenses arising out of the activities involved with his or her volunteer activities at Mission Outreach including those claims, causes of action, injuries, illnesses, damages, and/or cost of expenses based on death, bodily injury, or property damage whether or not caused by the negligence or other fault of the parties being released.
4. **WAIVER.** The undersigned waives the protection afforded by any statute or law in any jurisdiction whose purpose, substance, cause and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing this release. This means, in part, that the undersigned is releasing unknown future claims.
5. **WITHDRAWAL.** I understand that I may withdraw myself and/or my child from Mission Outreach at any time for any reason.
6. **INDEMNITY AND DEFEND.** The undersigned agrees to indemnify and defend Mission Outreach, and all of its officers, trustees, employees and agents against, and hold them harmless from, any and all claims, causes of action, damages to or destruction of any property of the indemnitee or any others, injury or death that may result to the undersigned, the undersigned's child, or anyone else.

7. REPRESENTATIVES. The undersigned enters into this agreement for him/herself, his/her heirs, assigns and legal representatives.
8. INSURANCE. The undersigned understands that Mission Outreach does not carry insurance to cover any possible losses the undersigned and/or the undersigned's child may incur as a result of his or her voluntary participation in the Program or his or her child's voluntary participation in the Program.

As a volunteer for the Mission Outreach, I understand that it is my exclusive responsibility to procure basic health and accident insurance. I acknowledge that I have fulfilled this requirement to maintain adequate health insurance. If I fail to procure basic health and accident insurance, I assume all risks, including all costs and expenses, and I agree to indemnify Mission Outreach for any expenses incurred due to any medical treatment received and promise to reimburse Mission Outreach for any and all expenses.

9. MEDICAL CARE. I understand and agree that Mission Outreach may not be able to provide medical personnel at all times. I hereby give my consent to have an athletic trainer, a fellow volunteer, an adult supervisor, emergency medical personnel, and/or a doctor of medicine or dentistry or associated personnel to provide me (or my child) with medical assistance and/or treatment. I also agree to allow Mission Outreach to share any and all medical information about me and/or my child with any party called to assist in my care or the care of my child. Finally, I agree to save, hold harmless, defend, and indemnify Mission Outreach from all liability, loss, cost, claim, lawsuit, or damage, whatsoever, including injury, death, or property damage, which may be imposed upon Mission Outreach because of any defect in or lack of such capacity to so act or caused, or alleged to be caused, in whole, or in part, by the negligence of the released parties.
10. PROMOTIONS AND RECRUITMENT: Photos and recordings may be used for promotion and volunteer recruitment.