

## Liability and Release Form

I, \_\_\_\_\_ (print name) hereby voluntarily waive any claims against Operation of Hope arising out of any and all activities surrounding my involvement with Operation of Hope.

I, \_\_\_\_\_ (print name), understand due to the location, purpose and nature of the activities in which I will be engaged with Operation of Hope, that hazards and risks are inherently present. Hazards and risks include the following, but are not limited to: automobile accidents; works related injuries; kidnapping; theft; incidents resulting from political/social unrest; natural disasters; non works related physical injuries; transportation or travel of any kind before, after or during mission, or death.

In case of unconsciousness, or inability to release myself for medical treatment resulting from illness, injury, or an accident on Operation of Hope's property or while volunteering with Operation of Hope which requires medical attention, I, \_\_\_\_\_ (print name), give my permission to Operation of Hope, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to receive medical treatment, to hospitalize, anesthetize, or perform surgery on me as is required.

I, \_\_\_\_\_ (print name), the undersigned, do release, acquit, discharge and covenant to hold harmless Operation of Hope and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during my involvement with Operation of Hope. It is the intention of this release that Operation of Hope and its representatives incur no liability whatsoever while attempting to meet all medical needs that I may require for the duration of my volunteer period. I recognize that this information will be shared with appropriate Operation of Hope staff and my team leader if I am traveling with a team.

I grant permission to Operation of Hope to use photographs, video, audio recordings, and/or textual material created for their use in fundraising efforts and/or publications, including web sites or other electronic forms of media.

I hereby waive any right to inspect or approve the photographs, publications, electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I hereby agree to release and hold harmless Operation of Hope from and against any claims, damages or liability arising from or related to the use of the photographs or other media.

As an Operation of Hope Volunteer, I agree to wear only Operation of Hope logo apparel, as well as, OOH surgical logo caps during the mission.

I have read this Informed Consent and Release and understand its terms. I am signing it voluntarily and with full knowledge of its significance.

(Print name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(1) )Witness Name: \_\_\_\_\_ Witness Date: \_\_\_\_\_

Signature: \_\_\_\_\_