



# North Country Mission of Hope

*Working Together to Improve Lives*

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[www.ncmissionofhope.org](http://www.ncmissionofhope.org)

## RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (Hold Harmless) executed on this \_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), by \_\_\_\_\_ (the North Country Mission of Hope Volunteer), and (in case of a minor) \_\_\_\_\_, the parent having legal custody and/or the legal guardian of the volunteer (The Guardian), in favor of North Country Mission of Hope, a nonprofit 501 c 3 corporation, its director, officers, leadership team, employees, and agents (collectively, the Mission of Hope).

The Volunteer (and/or Guardian) desires that the Volunteer work as a volunteer for North Country Mission of Hope and engage in the activities related to being a volunteer. The Volunteer (and/or Guardian) understands that the Mission activities may include constructing and renovating home shelters, working in various Mission projects both in Nicaragua and the United States, and living in housing provided for the volunteers of the Mission of Hope.

The Volunteer (and/or Guardian) hereby freely, voluntarily, and without duress executes this Release under the following terms:

**RELEASE AND WAIVER.** Volunteer (and/or Guardian) does hereby release and forever discharge and hold harmless North Country Mission of Hope and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's activities with North Country Mission of Hope.

Volunteer (and/or Guardian) understands that this Release discharges North Country Mission of Hope from any liability or claim that the Volunteer may have against Mission of Hope with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's activities with Mission of Hope, whether caused by the negligence of Mission of Hope or its officers, directors, employees, leadership team, or agents or otherwise. Volunteer (and/or Guardian) also understands that North Country Mission of Hope does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

It is the policy of North Country Mission of Hope that children between the ages of 14 and 18 may be allowed to participate in some construction work. However, ultra hazardous activities such as use of power tools, excavation, demolition, or work on rooftops of buildings larger than normal home shelters is not permitted by anyone under the age of 18.

**MEDICAL TREATMENT.** Volunteer (and/or Guardian) does hereby release and forever discharge North Country Mission of Hope from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's activities with Mission of Hope or (in the case of a minor) with the decision by any representative or agent of North Country Mission of Hope, to exercise the power to consent to medical or dental treatment.

**PRINT: Last Name**

**First Name**

**ASSUMPTION OF RISK.** The Volunteer (and/or Guardian) understands that the activities of the North Country Mission of Hope include work that may be hazardous to the Volunteer, including, but not limited to constructing, loading and unloading, and transporting goods to and from the work sites. Volunteer (and/or Guardian) hereby expressly and specifically assumes the risk of injury or harm in the activities and releases North Country Mission of Hope from all liability for injury, illness, death, or property damage resulting from North Country Mission of Hope activities.

**INSURANCE.** The Volunteer (and/or Guardian) understands that, except as otherwise agreed to by North Country Mission of Hope in writing, Mission of Hope does not carry or maintain health, medical, or disability insurance coverage fro any Volunteer.

Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

**PHOTOGRAPHIC/INTERNET USE RELEASE.** Volunteer (and/or Guardian) does hereby grant and convey unto North Country Mission of Hope all right, title, and interest in any and all photographic images and video or audio recordings made by North country Mission of Hope during the Volunteer’s activities with North Country Mission of Hope, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings. Further, the volunteer (and/or Guardian) authorized the use of photographs, recordings, use of name, etc., on the North Country Mission of Hope website.

**OTHER.** Volunteer (and/or Guardian) expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New York, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New York. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer (and/or Guardian) has executed this Release as of the day and year first above written.

Witness: \_\_\_\_\_  
Please Print  
\_\_\_\_\_  
Signature

Volunteer: \_\_\_\_\_  
Please Print  
\_\_\_\_\_  
Signature

Witness: \_\_\_\_\_  
(For students under 18) Please Print)  
\_\_\_\_\_  
Signature

Parent/Guardian: \_\_\_\_\_  
(For students under 18) Please Print  
\_\_\_\_\_  
Signature

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: Home: \_\_\_\_\_  
Work: \_\_\_\_\_  
Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED**