



Arms of Hope Volunteer Waiver and Release from Liability

Thanks so much for wanting to volunteer at Arms of Hope! Our over 250 residents on campuses and our thousands of outreach clients across the state appreciate your willingness to help our employees serve with excellence.

Volunteer Status Acknowledgement

I understand that, as a volunteer, I am in no way, shape or form an employee of Arms of Hope, Medina Children's Home, or Boles Children's Home. I understand and agree that I will not receive any compensation or benefit for my participation in volunteer activities, nor will I be eligible for any coverage under the Workers' Compensation laws of Texas.

Acknowledgment of Risk

I hereby acknowledge and agree that participation in volunteer activities comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with volunteer activity participation, including but in no way limited to: (1) slips, trips, and falls, (2) lifting injuries, (3) athletic injuries, and (4) illness, including exposure to or infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with volunteer participation and that said list in no way limits the operation of this Agreement.

Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Arms of Hope, Boles Children's Home, or Medina Children's Home programs or accessing Arms of Hope, Boles Children's Home, or Medina Children's Home facilities could increase the risk of contracting COVID-19.** Arms of Hope, Boles Children's Home, or Medina Children's Home in no way warrants that COVID-19 infection will not occur through participation in Arms of Hope, Boles Children's Home, or Medina Children's Home programs or accessing Arms of Hope, Boles Children's Home, or Medina Children's Home facilities.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of my participation as a volunteer with Arms of Hope, Boles Children's Home, or Medina Children's Home, I, _____, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, **HEREBY DO RELEASE**

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Arms of Hope, Boles Children's Home, or Medina Children's Home, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against Arms of Hope, Boles Children's Home, or Medina Children's Home on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Arms of Hope, Boles Children's Home, or Medina Children's Home facilities/equipment or participation in Arms of Hope, Boles Children's Home, or Medina Children's Home programs whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In consideration of my participation in volunteer activities, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation in volunteer activities.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in participation in volunteer activities and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in volunteer activities and that by signing this agreement I HEREBY RELEASE Releasees of all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in volunteer activities.

Print Name: _____

Signature: _____

Date: ____ / ____ / ____

For persons under 18 years of age – please complete. This person will be contacted in case of an emergency.

Print Name: _____ Date: _____

Name of Guardian/Parent: _____

Signature of Guardian/Parent: _____

Phone#: _____

Complete Address:

Email Address _____