



## **IMPACT WITH HOPE LIABILITY WAIVER AND RELEASE FOR VOLUNTEERS (and employees engaged in volunteer activities)**

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. INITIALING AND SIGNING  
IT MEANS YOU HAVE READ AND UNDERSTAND THIS FORM, AND THAT YOU  
AGREE TO COMPLY WITH ITS TERMS.**

**Employee, Spectator or Participant's Name:** \_\_\_\_\_

**Parent's Name (if participant/employee is under the age of 18)** \_\_\_\_\_

I, the above-named person being above the age of eighteen (18) or the parent or guardian of the above-named person who is under the age of eighteen (18), in consideration of the services of **IMPACT WITH HOPE**, **AGREE TO GIVE UP MY LEGAL RIGHTS TO MAKE A CLAIM OR FILE A LAW SUIT AGAINST IMPACT WITH HOPE**, its affiliates, directors, agents, trustees, officers, managers and employees and their respective heirs, successors and assigns, in connection with any and all damage, claims, demands, rights and causes of action of whatever kind or nature, all injuries to person, or damage to property.

### **ACKNOWLEDGEMENT OF RISKS**

I understand, acknowledge, agree, and accept full responsibility for all the risk of travel to and from and the work assigned me by **IMPACT WITH HOPE**. I am also aware that the activities I am voluntarily engaged in as a participant, employee, and/or spectator are or can be **DANGEROUS ACTIVITIES**. I know the risks of these activities can result in injury, death, illness or disease—physical or mental, and/or damage to myself; my property, spectators and/or other third parties.

### **FURTHER ACKNOWLEDGMENT OF RISKS**

I agree, covenant, and promise to accept and assume total responsibility and risk for injury, death, illness or disease, damage to myself, to my property, to spectators, or other third parties, and their property arising from my participation in this activity. My activity is purely voluntary, no one is forcing me to participate, and I elect to participate knowing full well the dangers and the risks.

I understand and acknowledge that by initialing and/or signing this document, I have assumed total responsibility and legal liability for the claims or other legal demands, including defense costs which may be asserted by spectators or other third parties against me as a result of my participation in this event at this facility and/or during the entirety of service.

### **PARTICIPANTS MEDICAL INSURANCE**

**I UNDERSTAND AND ACKNOWLEDGE THAT I WILL NOT BE PROVIDED WITH ANY MEDICAL INSURANCE.** I also understand and acknowledge that insurance coverage will not be provided to me at this facility and/or during travel to and from. I certify that I have sufficient health insurance to cover any bodily injury and/or bodily damage I may occur while participating at this facility. If I have no insurance, I certify that I am responsible to personally pay for any and all such medical expenses and liabilities.

### **ENTIRE AGREEMENT**

I understand that this entire agreement is between myself and **IMPACT WITH HOPE** and/or all its affiliates, agents, trustees, directors, officers, managers, and employees of any of the above listed companies and their respective heirs, successors and assigns and that it cannot be modified in any way by the representations of statements of any employees or agents of **IMPACT WITH HOPE** or by me. **My signature below indicates that I have read this entire document, understand it and agree to fully comply with this agreement. I further agree that this agreement shall be governed by and enforced according to the laws of the State of Ohio and/or State and/or country that I am residing in, and that it shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.**

\_\_\_\_\_  
**Printed Name & Signature of Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name & Signature of Parent (if participant is under the age of 18)**

\_\_\_\_\_  
**Date**