**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS**

**This Release and Waiver of Liability (the “Release”)** executed on \_\_/\_\_\_/\_\_\_ (today’s date),

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print your name) E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_ in favor of Nathaniel’s Hope, Inc., a Florida nonprofit corporation, its directors, officers, employees, and agents (collectively, “Nathaniel’s Hope”). Address: 5210 S Orange Ave, Edgewood, FL 32809 Phone: (407)857-8224 Fax: (407)286-1976 E-mail: info@nathanielshope.org Website: [nathanielshope.org](http://www.nathanielshope.org)

**Release and Waiver of Liability**

The Volunteer desires to work as a volunteer for Nathaniel’s Hope and engage in the activities related to being a volunteer (the “Activities”). The Volunteer understands that the Activities may include moving, lifting, working in the office, or at Nathaniel’s Hope events, or other Activities as mutually agreed. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless Nathaniel’s 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 Nathaniel’s Hope. Volunteer understands that this release discharges Nathaniel’s Hope from any liability or claim that the Volunteer may have against Nathaniel’s Hope with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer’s activity with Nathaniel’s Hope, whether caused by the negligence of Nathaniel’s Hope or its officers, directors, employees, agents or otherwise. Volunteer also understands that Nathaniel’s 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.

**Medical treatment:** Volunteer does hereby release and forever discharge Nathaniel’s 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 Nathaniel’s Hope.

**Assumption of the Risk:** The Volunteer understands that the Activities may be hazardous to the Volunteer, including, but not limited to, lifting, loading and unloading, and transportation to and from the sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Nathaniel’s Hope from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** The Volunteer understands that, except as otherwise agreed to by Nathaniel’s Hope in writing; Nathaniel’s Hope does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

**With your upcoming attendance to the Activities, you will agree that:**

**1. You have:**

(a) experienced no COVID-19 symptoms in the past 5 days prior to the Activities,

(b) not received a positive COVID-19 test in the past 5 days prior to the Activities, and

(c) not come in contact or close proximity with a confirmed or suspected COVID-19 case in the past 5 days prior to the Activities.

**2.** You will comply with all facility and event safety and health protocols regarding COVID-19 and/or any other communicable and/or infectious diseases, viruses, bacteria or illnesses or the causes thereof, as determined to be applicable by the Florida Department of Health. Any changes in applicable safety and health protocols will be communicated prior to the Activities.

Nathaniel’s Hope, Inc. has the right to deny admission to or reject any person whom the event organizers determine to pose a risk to the health or safety of others and/or whose conduct violates these terms of the Activities policies and procedures.

**3.** Participation in the Activities carries with it certain inherent risks related to COVID-19 transmission. By voluntarily attending this event, you accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from these inherent risks

**Photographic Release:** Volunteer does hereby grant and convey unto Nathaniel’s Hope all right, title, and interest in any and all photographic images and video or audio recordings made by Nathaniel’s Hope during the Volunteer’s Activities with Nathaniel’s Hope, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by laws of the State of Florida, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. 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 provision of this Release which shall continue to be enforceable.

**\*\*Credit Card/Money Handling:** Volunteer acknowledges that they will be using their personal device to make credit card transactions, and their personal information will be accessed to do so, and that Nathaniel’s Hope is not liable for any unauthorized transactions on their device.

**IN WITNESS WHEREOF**, Volunteer has executed this Release as of the day and year first above written.

\*If volunteer is under the age of 18 at the time of signing, a parent or guardian must sign on their behalf.

\*\*If applicable

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Volunteer Signature Witness Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Printed Name

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Minor (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_