

INCREASING HOPE FINANCIAL TRAINING CENTER

Important:

Each volunteer must sign the "Release and Waiver Liability" before working with Increasing H.O.P.E. Financial Training Center.

Read this waiver very carefully before you sign. Waiver is good 1 year from date of signature.

Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20____, by _____ in favor of Increasing H.O.P.E Financial Training Center, a nonprofit corporation organized and existing under the laws of the State of South Carolina USA, and each of their directors, officers, employees, and agents. The volunteer desires to work for Increasing H.O.P.E. Financial Training Center and engage in the activities related to being a volunteer. I, the volunteer, hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** I, the volunteer, release and forever discharge and hold harmless Increasing H.O.P.E. Financial Training Center 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 my volunteer work at Increasing Hope. I, the volunteer, understand and acknowledge that this Release discharges Increasing H.O.P.E. from any liability or claim that the volunteer may have against Increasing H.O.P.E. with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in work with Increasing H.O.P.E.. It is also understood that Increasing H.O.P.E. 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, illness, death or property damage.
2. **Insurance.** I, the volunteer, understand that I expressly waive any such claim for compensation or liability on the part of Increasing H.O.P.E. Financial Training Center beyond what may be offered freely by the representative of Increasing H.O.P.E. in the event of such injury or medical expense.
3. **Medical Treatment.** I, the volunteer, hereby release and forever discharge Increasing H.O.P.E. from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency with Increasing H.O.P.E..
4. **Assumption of Risk.** I, the volunteer, understand that the time with Increasing H.O.P.E. may include activities that may include some risk. As the volunteer, I hereby expressly assume the risk of injury or harm in these activities and release Increasing H.O.P.E. from all liability for injury, illness, death or property damage resulting from the activities of the volunteer or minor's time at Increasing H.O.P.E..
5. **Photographic Release.** As the volunteer, I grant and convey unto Increasing Hope all right, title, and interest in any and all photographic images and video or audio recordings made by Increasing H.O.P.E. during the work with Increasing H.O.P.E..
6. **Other.** As the volunteer I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of South Carolina in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of South Carolina. I agree 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.

To express my understanding of this Release, I sign here.

Name of Volunteer: _____ Date: _____

Signature of Volunteer _____ Phone: _____

Street Address: _____ City: _____

State _____ Zip: _____ Email: _____

If volunteer is a minor, signature of responsible adult _____