



Release and Waiver of Liability for Adults (18 and older)

PLEASE READ CAREFULLY! THIS LEGAL DOCUMENT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the “**Release**”) executed on this _____ day of _____, 20____, by _____ (the “**Volunteer**”) in favor of Hope for Gaston, and program sponsor churches and organizations, their directors, officers, employees, and agents (collectively, “Hope for Gaston”).

The Volunteer desires to work as a volunteer for Hope for Gaston and engage in the activities related to being a volunteer (the “**Activities**”). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the Hope for Gaston offices, and living in housing provided for volunteers of Hope for Gaston.

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 Hope for Gaston 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 Hope for Gaston.
- Volunteer understands that this Release discharges Hope for Gaston from any liability or claim that the Volunteer may have here against Hope for Gaston with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s Activities with Hope for Gaston, whether caused by negligence of Hope for Gaston or its officers, directors, employees, or agents or otherwise.
- Volunteer also understands that Hope for Gaston 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 Hope for Gaston 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 Hope for Gaston.

Assumption of Risk

The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases Hope for Gaston from all liability for injury, illness, and death or property damages resulting from the Activities.

Insurance

Hope for Gaston carries Volunteer Accident Insurance and Volunteer Disability Insurance that is excess of any medical or disability insurance that covers the Volunteer (secondary policy). In the event that the Volunteer is not covered under a primary policy, the Hope for Gaston policy will serve as the primary coverage.

Photographic Release

Volunteer does hereby grant and convey unto Hope for Gaston all rights, titles, and interest in any and all photographic images and video or audio recordings made by Hope for Gaston during the Volunteer’s Activities with Hope for Gaston, 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 a broad and inclusive as permitted by the laws of the State of North Carolina, and that this Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. Volunteer agrees that in the event that any clause or provision of the 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 the Release which shall continue to be enforceable.

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

Volunteer (Print) _____

Volunteer (Signature) _____

Address _____

City _____ Zip _____

Phone (H) _____ (W) _____

Email Address _____

Witness _____