

**HOPE FOR ATHENS COMMUNITY EVENT VOLUNTEER REGISTRATION &
ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT**
For Minors under the Age of 18

A parent or legal guardian of minor children is required to complete this form. This form is NOT valid if completed by a minor. The information requested is designed to assist Hope For Athens (HFA) and/or Athens-Limestone Ministerial Alliance (ALMA) in providing for the safety of minors during HFA and/or ALMA sponsored activities.

Minor's Name ("Child"): _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian's Name: _____ Parent/Legal Guardian's Email: _____

Address is the same as Child's (skip to phone information)

Parent/Legal Guardian's Address: _____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian's Phone Numbers – Home: _____ Work: _____ Cell: _____

Detailed Description of Activities:

ACTIVITIES INCLUDING BUT NOT LIMITED TO: Assist in preparing for and/or hosting a community event. Sorting and packaging food, clothing, and other relief supplies. Greeting guests, distributing information, site preparation and cleanup. Possibly lifting up to 50 lbs., and may include the use of equipment like staging, safety fencing, box cutters, tape guns, and dollies. May require prolonged standing or walking. Working in an environment with limited or no climate control, which may result in temperature and other weather extremes. May include serving in locations in unfamiliar, inner city neighborhoods.

Dates and Locations of Activities: Various HFA and/or COH volunteer community event opportunities during 2024 within the United States.

Medical Information:

Does your Child have any physical condition or illness that would prevent him or her from participating in this activity? No **Yes (If yes, stop. Your child cannot participate in this activity.)**

Family Doctor: _____ Doctor's Phone: _____

Insurance Company: _____ Policy Number: _____

Is your Child presently being treated for injury/sickness or taking any form of medication? If yes, explain.

Please list medications, foods or environmental conditions that Child is allergic to, and expected reactions.

Does your Child have (or ever had) any medical condition that could require special attention?

I attest and certify that I my child is physically fit and has no medical conditions that would prevent him/her from participating in the above-referenced activity.

Medical Treatment Authorization

I, the parent and/or legal guardian of Child, understand that I will be notified in the case of a medical emergency involving the Child. However, in the event that I, cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event the Child is injured or becomes ill. I authorize the temporary guardian or any leader for this activity to make emergency medical care decisions on behalf of my Child, if required by law or a health care provider.

I, the parent and/or legal guardian of Child, understand that HFA and/or ALAM and its affiliated entities, partnering organizations, and/or any of their officers, directors, employees, volunteers, and agents, shall not be responsible for medical expenses incurred on the basis of this authorization, and I hereby agree to hold harmless, defend and indemnify "HFA and/or ALMA", its parents, subsidiaries and affiliates, officers, directors, employees, volunteers and agents from all obligations, damages, losses, attorney's fees, defense costs, demands, investigations, actions, liabilities, claims, cross-actions, third-party actions, causes of action, of any kind or nature whatsoever, pertaining to the provision of medical services for my Child. It is my express intention to defend, indemnify and hold harmless "HFA and/or ALMA", from all claims arising out of, or resulting from, or in any manner relating to the treatment, medical or otherwise, of my Child.

I agree to notify "HFA and/or ALMA", in the event of any health changes which would restrict the Child's participation in this activity. I also understand that any "HFA and/or ALMA", representative reserves the right to restrict the Child from any activity for any reason.

Consent, Certification, and Assumption of Risk

IN CONSIDERATION of my Child being accepted for this volunteer activity, I, the undersigned, being the parent or legal guardian of the Child named above do hereby consent to the Child's participation in the above activity sponsored by ALMA, including, but not limited to, all of the activities customarily associated with such activity.

1. Status. I hereby certify that the Child is physically fit and adequately trained to participate in the above activity.
2. I understand that while the above-named Child participates in the above activity, he or she is responsible to comply with all orders and directives of the team leader and/or HFA and/or COH, staff in charge.
3. **GENERAL RELEASE AND ASSUMPTION OF RISK: KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MYSELF AND MY CHILD, FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY CHILD'S PARTICIPATION IN THE ABOVE-DESCRIBED ACTIVITIES, BOTH KNOWN AND UNKNOWN. TO THE MAXIMUM EXTENT ALLOWED BY LAW, I RELEASE, HOLD HARMLESS, AND AGREE TO INDEMNIFY CONVOY OF HOPE, AND IT'S AFFILIATED ENTITIES, PARTNERING ORGANIZATIONS, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, AND AGENTS, FROM AND AGAINST ANY PRESENT OR FUTURE CLAIMS, LOSSES, LIABILITIES, COSTS AND EXPENSES FOR INJURY TO PERSON OR PROPERTY, OR FOR ANY OTHER DAMAGE, WHICH MY CHILD MAY SUFFER, OR FOR WHICH MY CHILD MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY CHILD'S PARTICIPATING IN SAID ACVITITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY CHILD'S PART OR ON THE PART OF ANY OF THE RELEASED PARTIES; PROVIDED THAT THIS RELEASE OF LIABILITY SHALL NOT APPLY TO GROSS NEGLIGENCE OR WILLFUL OR WANTON MISCONDUCT.**
4. I expressly waive any defense to the enforcement of any provision of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.
5. Invalidation of any one or more of the provisions of this Agreement shall in no way affect any of the other provisions hereof, which shall remain in full force and effect.
6. I expressly agree that this assumption of risk, release, and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS AGREEMENT AS MY OWN FREE ACT.

Photograph & Video Release Form

I hereby grant HFA and/or ALMA, its affiliates, partners, and agents permission to the rights of the Child's image, likeness, and sound of their voice as recorded on audio or video tape without payment or any other consideration. I understand that the Child's image may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein the Child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the Child's image or recording.

I agree that HFA and/or ALMA may use such images of the Child with or without Child's name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release, defend, hold harmless and indemnify HFA and/or ALMA, from any and all claims for utilizing this material.

I ACCEPT THE ABOVE TERMS

I understand and agree that no oral or written representations can or will alter the contents of this document. This Agreement shall be governed and construed in accordance with the laws of the State of Missouri, excluding its choice of law rules, and all claims relating to or arising out of this Agreement, including claims for injuries or wrongful death in any way related to the above-described activities, shall likewise be governed by the laws of the State of Missouri, excluding its choice of law rules.

I attest to the truthfulness, accuracy, and validity of the foregoing statements.

Minor's Name: _____

Parent's/Legal Guardian's Signature _____ Date _____

Adult Witness Signature _____ Date _____