

LATIN AMERICAN RELIEF NETWORK, INC.
EMERGENCY CONTACT AND RELEASE

Emergency Contact Information **Date:** _____

Volunteer Name: _____

Address: _____

Phone day: _____ evening: _____ cell: _____

In case of an emergency, contact:

Name: _____ Relationship: _____

Address: _____

Phone day: _____ evening: _____ cell: _____

Any allergies, medications, or other information needed in an emergency:

Release and Waiver of Liability

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

This Waiver of Liability (the "Waiver") is executed on this _____ day of _____, 20____, by _____ (the "Volunteer") in favor of the Latin American Relief Network, Inc., a nonprofit corporation organized and existing under the laws of the State of Maryland, USA, and its directors, officers, employees, and agents (collectively, "LARN").

I, the Volunteer, desire to work as a volunteer for Latin American Relief Network, Inc. (LARN) and engage in the activities related to being a volunteer for a work project.

I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless LARN 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 with LARN.

I understand and acknowledge that this Waiver discharges LARN from any liability or claim that I, the Volunteer, may have against LARN with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the LARN work site. I also understand that LARN 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 LARN beyond what may be offered freely by the representative of LARN in the event of such injury or medical expense.

3. Medical Treatment: I, the Volunteer, hereby release and forever discharge LARN 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 during my time with LARN.

4. Assumption of the Risk: I, the Volunteer, understand that my time with LARN may include activities that may be hazardous to me including, but not limited to, loading and unloading of heavy objects, injury due to bending, kneeling and/or squatting, and local transportation to and from the work sites. I hereby expressly and specifically assume the risk of injury or harm in these activities and release LARN from all liability for injury, illness, death, or property damage resulting from the activities of my time with LARN.

5. Photographic Release: I, the Volunteer, grant and convey unto LARN all right, title, and interest in any and all photographic images and video or audio recordings made by LARN during my work for LARN including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other: I, the Volunteer, expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Maryland, in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Maryland. I agree that in the event that any clause or provision of this Waiver 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.

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

Volunteer: _____ Witness: _____