



Volunteer Waiver of Liability & Disclaimer

I hereby acknowledge that I am participating in a project or program associated with Family Promise of Spokane, which has locations at 2012 E Mission Ave Spokane WA 99202, 2002 E Mission Ave Spokane WA 99202, 227 E Mission Ave Spokane, WA 99202, and 2322 E Sprague Ave Spokane, WA 99202.

I am legally competent to sign this Waiver of Liability and Disclaimer ("Waiver"). I hereby certify that, to the best of my knowledge, I am in good health and able to participate. I also understand and agree that I will not be paid for my services, that I will not be covered by any medical or other insurance coverage by or through Family Promise of Spokane, and that I will not be entitled to any workers' compensation benefits should I become injured.

The following says that if you get hurt, or something of yours gets lost or damaged, that Family Promise of Spokane will not be held responsible.

- I understand that participating in the project or program could involve certain risks that are inherent in such activities, specifically including, but not limited to, property loss/damage, personal injury that may require certain first aid and/or medical treatment, and risks that I may not be able to foresee or anticipate. I give Family Promise and its Affiliates (as defined below) the right to seek medical treatment for me or my child.
- In consideration of my participation in the project or program, I hereby acknowledge that I assume and accept all risks in connection with my participation with Family Promise, for any harm, injury, or damage that may befall me or my property.
- I understand, agree, and hereby acknowledge that, except as otherwise stated herein, I will not attempt to hold Family Promise or any of its Affiliates (as defined below) liable in any way for any occurrences arising out of my participation in the project or program, including injury, death, or other damages to me or my property.

I do hereby exempt and release Family Promise of Spokane and its affiliates (board members, directors, employees, volunteers, contractors, staff, agents, attorneys or partner organizations (collectively, the "Affiliates")) from any and all liability whatsoever for personal injury, property damage or wrongful death caused by the acts or omissions of any one or more of the released persons and/or any third parties arising out of the project or program.

I further hereby acknowledge and agree to defend, indemnify, save, hold harmless and covenant not to sue the released persons for any and all claims, demands, damages, causes of action and suits in equity, whether arising out of common law, equity, arbitration or statute, now or hereafter arising, known or unknown, asserted by me, my child, or my spouse (and my or their respective estates, heirs, executors, administrators or assigns) arising solely out of my acts or omissions that occurred during the project or program.

I hereby acknowledge and expressly agree that all indemnities, releases and waivers contained in this Waiver are intended to be as broad and inclusive as permitted by the laws of the State of Washington and that, if any portion of the agreements in this Waiver are held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I understand the terms herein are contractual and not merely recitals, and that I have signed this document of my own free will.

Please select the option that best applies.

I am at least eighteen (18) years of age and am signing this form for myself.

This form is for someone under the age of 18 and I am providing parental/guardian consent on behalf of my minor.

Minor's Full Name _____

Name of Volunteer/Guardian _____ Today's Date _____

Signature of Volunteer/Guardian _____