



## HOPE DAY OUTREACHES

**2025 U.S. COMMUNITY EVENT  
VOLUNTEER REGISTRATION &  
ASSUMPTION OF RISK, RELEASE, AND INDEMNITY AGREEMENT  
FOR ADULTS 18 YEARS AND OLDER**

### Participant Information

*Please Print Legibly*

Name of Participant: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Detailed Description of Activities:

ACTIVITIES INCLUDING BUT NOT LIMITED TO: Assist in preparing for and/or hosting a community event. Sorting and packaging food, 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 Hope Day Network/ Convoy of Hope (HDN/COH) volunteer community event opportunities during 2025 within the United States.

I, \_\_\_\_\_ IN CONSIDERATION of my acceptance as a volunteer in the above-referenced activity in cooperation with HDN/COH, and other considerations the sufficiency of which is acknowledged, represent and agree that:

1. Status. I am a volunteer and/or self-employed worker and acknowledge that I am not serving as an employee of HDN/COH.

I attest and certify that I am physically fit and have no medical conditions that would prevent me from participating in the above-referenced activity.

### 2. GENERAL RELEASE AND ASSUMPTION OF RISK:

**KNOWING THE RISKS DESCRIBED ABOVE, I AGREE, ON BEHALF OF MY FAMILY, HEIRS, AND PERSONAL REPRESENTATIVES, TO ASSUME ALL THE RISKS AND RESPONSIBILITIES SURROUNDING MY 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 HOPE DAY NETWORK, CONVOY OF HOPE, AND ITS 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 I MAY SUFFER, OR FOR WHICH I MAY BE LIABLE TO ANY OTHER PERSON, RELATED TO MY PARTICIPATING IN SAID ACTIVITIES (INCLUDING PERIODS IN TRANSIT TO OR FROM MY DESTINATIONS), RESULTING FROM ANY CAUSE, INCLUDING BUT NOT LIMITED TO NEGLIGENCE ON MY 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.**

3. 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.
4. 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.
5. 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 HDN/COH, its affiliates, partners, and agents permission to the rights of my image, likeness, and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording.

I agree that HDN/COH may use such images of me with or without my 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 HDN/COH from any and all claims for utilizing this material.

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#### **I ACCEPT THE ABOVE TERMS**

I certify that I am age 18 or older. 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, New York, New Jersey, Delaware, Rhode Island, Connecticut, Florida 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, New York, New Jersey, Delaware, Rhode Island, Connecticut, Florida excluding its choice of law rules.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_