



**VOLUNTEER WAIVER and  
RELEASE FORM**

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**This waiver should be completed prior to volunteering with A Child's Hope International, Inc. ("ACHI").**

I, \_\_\_\_\_, in consideration of my participation in volunteering at ACHI, represent and agree that:

1. It is my desire to further the work of ACHI by performing services as a volunteer. As a volunteer, I understand that I am not an employee of ACHI, and I understand this role does not include compensation or payment of any kind.
2. I am prepared physically, emotionally, mentally and spiritually for this volunteer experience. I will be flexible and have a servant attitude. I also agree to abide by ACHI's rules and policies during my volunteer experience.
3. I understand that all supplies, materials, property, and products—including all items donated to ACHI—are for the purpose of helping those in need and may not be damaged or removed from company premises by me without permission from ACHI.
4. I confirm that I have not been convicted of any crime involving a sex offense or any felony. If I am convicted of such a crime in the future, I will inform ACHI prior to returning to volunteer.
5. If I am rendered unconscious or unable to respond during my volunteer experience with ACHI, then I hereby grant any of the ACHI leaders or their contracted agents' permission to authorize emergency medical treatment and medication on my behalf. I hereby release and will not hold any of the ACHI leaders or their contracted agents responsible for the results of such treatment, medications or decisions made on my behalf.
6. I am aware of the hazards and risks to myself and to my property associated with this volunteer experience. I accept these conditions with full awareness, and I assume all risks of death, injury, illness, and personal property loss or damage associated with such risks. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate.

7. I grant permission to ACHI to use my image, likeness, and the sound of my voice as recorded during my volunteer experience by still photography, audio or video in publications, social media or another media material used, produced, or contracted by ACHI. I understand that I will not receive payment or other compensation for the use of my image or recording.

8. I understand that ACHI reserves the right to ask volunteers and volunteer groups to leave the premises and/or not return for any reason deemed sufficient by ACHI.

9. I waive and release any and all claims for damages against ACHI or ACHI leaders arising from death, injury, illness, inconvenience, or property damage loss for any reason including but not limited to any negligent act or acts of ACHI or ACHI leaders which may in any way cause death, injury, illness, inconvenience or property damage loss to me.

10. Governing Law/Venue: This agreement shall be governed by the laws of the State of Ohio. Venue for any action hereunder shall be in Hamilton County, of the State of Ohio.

11. I have read this Volunteer Waiver and Release Form, including all of the waiver and release provisions, in its entirety, and I understand its contents and agree to them of my own free will.

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Name of Participant (Please Print) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Minor dependents included on this waiver:

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