

Volunteer Waiver Form

Important: Each participant must sign the "Release and Waiver Liability" before working on a the Worthy Bathroom Program as a volunteer. Read this waiver very carefully before you sign. Waiver applicable 1 year from date of signature:

Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") is executed on this date, ____/____/2026, by _____ in favor of JAX Church, a nonprofit corporation organized and existing under the laws of the United States, its subsidiaries, affiliates, successors and assigns and each of their directors, officers, employees, and agents (the "Released Parties"). The volunteer desires to work for HOPE Ecuador & JAX Church, and engage in the activities related to being a volunteer for a work project. I, the volunteer hereby freely and voluntarily, without duress, execute this Release under the following terms:

1. **Waiver and Release.** I, the volunteer release and forever discharge and hold harmless the Released Parties 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 at HOPE *worldwide* Ecuador & JAX Church. I, the volunteer understand and acknowledge that this Release discharges the Released Parties from any liability or claim that a volunteer and/or minor may have against the Released Parties with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in the HOPE *worldwide* Ecuador & JAX Church work. It is also understood that HOPE *worldwide* Ecuador and JAX Church 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 the Released Parties beyond what may be offered freely by the representative of HOPE *worldwide* Ecuador & JAX Church in the event of such injury or medical expense. I will / have purchased my own personal policy and submitted proof thereof.

3. **Medical Treatment.** I, the volunteer, hereby release and forever discharge the Released Parties 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 the volunteer's time with HOPE *worldwide*, Ecuador & JAX Church. I will / have purchased my own personal policy and submitted proof thereof.

4. **Assumption of Risk.** I, the volunteer, understand that the time with HOPE *worldwide*, Ltd. may include activities that may be hazardous to me including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from work sites. Also I, the volunteer recognize and understand that the time with HOPE *worldwide* Ecuador & JAX Church

may, in some situations, involve inherently dangerous activities. As the volunteer, I hereby expressly assume the risk of injury or harm in these activities and release the Released Parties from all liability for injury, illness, death or property damage resulting from the activities of the volunteer's time at HOPE *worldwide* Ecuador & JAX Church.

5. Photographic Release. As the volunteer, I grant and convey unto HOPE *worldwide* Ecuador & JAX Church. all right, title, and interest in any and all photographic images and video or audio recordings made by HOPE *worldwide Ecuador & JAX Church*, ltd. during the work with HOPE *worldwide Ecuador & JAX Church*

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

To express my understanding of this Release, I sign here.

PRINT Name of Volunteer: _____ Date: ____/____/2026

Signature of Volunteer _____

Email: _____

Cell: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

Emergency Contact Relation: _____

Medical
Conditions _____

If volunteer is under the age of and 18 (a minor), this Release and Waiver of Liability must also be signed by a parent or legal guardian.

Name of Parent/Guardian: _____

Signature of Parent/Guardian _____

Date: ____/____/2026