

**VOLUNTEER WAIVER, RELEASE, HOLD HARMLESS AND
INDEMNIFICATION AGREEMENT**

I have agreed to serve as a volunteer for Helping Hand Center, 9649 W. 55th St., Countryside, IL 60525, and I recognize that my volunteer participation is a privilege afforded to me by Helping Hand Center. I fully understand, appreciate and assume all of the risks associated with my volunteer duties. In exchange for my participation, I hereby agree to the following:

1. I voluntarily waive, release and hold harmless Helping Hand Center, its Board of Directors, officers, employees, agents and other volunteers from any and all claims, causes of action and damages for bodily injury or death that I may suffer as a result of, or in any manner connected with, directly or indirectly, my participation as a Helping Hand Center volunteer. I understand that this waiver and release precludes my right to recovery of damages in the event I am injured in the course of performing my volunteer duties whether on site, off site, and during transportation to and from the HHC.

2. I shall defend, hold harmless and indemnify the Helping Hand Center, its Board of Directors, officers, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to, reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person as a result of bodily injury, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my volunteer duties whether on site, off site, and during transportation to and from the HHC.

I have read, fully understand and agree to the assumption of risk, waiver, release, hold harmless and indemnification terms set forth above.

Date

Volunteer Signature Printed Name

Volunteer Date of Birth Emergency Telephone Number

NOTE: If the volunteer is under 18 years of age, a parent or legal guardian must sign this agreement on behalf of the volunteer.

Date

Signature of Parent or Legal Guardian Printed Name

**THIS AGREEMENT MUST BE SIGNED AND RECEIVED BY HELPING HAND
CENTER PRIOR TO ANY VOLUNTEER WORK BEING PERFORMED**

Effective 5/12/14