

Cy-Hope Waiver and Release

I, _____ understand that the activities and functions in which I participate may be considered (but do not have to be) of a volunteer nature, or for the benefit of a 501(c)(3). On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries and death sustained to me or my property that I may have against these parties.

Acknowledgement of Risk or Injury Possibility

As a participant or volunteer for Cy-Hope, I recognize the risk and acknowledge that there are certain risks of physical injury, including death, damages, property damage, or loss which I may sustain as a result of participating in any and all activities connected with such program, or the use of the facilities or equipment.

Waiver of Claim for Injury Clause

I agree to waive and relinquish all claims that I may have for injuries or damages, as a result of participating in the program or using the facilities or equipment against Cy-Hope and its officers, agents, servants, employees, other volunteers, and affiliates.

Release from Liability Clause

I do hereby release and discharge Cy-Hope and its officers, agents, servants, employees, volunteers and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or may in future accrue to me in account of participating in or volunteering for the Cy-Hope

Indemnity and Defense Clause

I further agree to indemnify and hold harmless and pay defense costs and defend Cy-Hope and its agents, servants, employees, other volunteers, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me and arising out of, connected with, or in any way associated with the activities of the program or the use of facilities and equipment.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I hereby certify that I am 18 years of age or older, mentally competent to enter into this waiver and have read the above carefully before signing.

DATE	PRINTED NAME	SIGNATURE
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DATE	PARENT/GUARDIAN PRINTED NAME (if under 18yrs old)	PARENT/GUARDIAN SIGNATURE
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