
MISSION LAZARUS, INC
HONDURAS VOLUNTEER RELEASE AND WAIVER

I understand that volunteering in Honduras is potentially hazardous, and that I should not volunteer unless I am medically able and properly trained and physically able to volunteer for manual labor. In consideration of the acceptance of this Release and Waiver, I assume full and complete responsibility for any injury or accident, which may occur while I am traveling to or from Honduras, while volunteering, or while I am on the premises of Mission Lazarus, Inc. I also am aware of and assume all risks associated with volunteering, including but not limited to falls, contact with other volunteers, effect of weather, traffic, political unrest, horseback riding, and conditions of the roads. I, for myself and my heirs and executors, hereby agree to waive, release, indemnify, hold harmless, and forever discharge Mission Lazarus, Inc., its officers, directors, agents, volunteers, or employees, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my volunteering in Honduras. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

I understand the increased risk for any minor that may participate in such volunteering. I represent that I am the parent(s) or legal guardian(s) of the minor listed below, and I further agree to release, indemnify and hold harmless the Mission Lazarus, Inc., officers, directors, agents, volunteers, or employees from liability in relation to said minor.

I, the undersigned, grant permission to the Mission Lazarus, Inc. to use my name, likeness, voice and words, and the name, likeness, voice and words of the minor set forth below (if signing as a parent or guardian) in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described for the lawful purposes and activities of Mission Lazarus, Inc, including but not limited to advertising and appealing for funds to support Mission Lazarus, Inc. I understand that I will not receive any compensation for the use of my name or likeness.

By completing this Release and Waiver, you agree that the statutes and laws of the State of Tennessee, without regard to the conflict of laws principles thereof, will apply to all matters relating to this Release and Waiver. You agree that exclusive jurisdiction for any dispute with Mission Lazarus, Inc. resides in the courts of the State of Tennessee having jurisdiction over Williamson County, Tennessee, and you further agree and expressly consent to the exercise of personal jurisdiction in the courts of the State of Tennessee in connection with any dispute including any claim involving Mission Lazarus, Inc or its employees, contractors, officers, directors and agents.

I, on my own behalf and on behalf of Minor, hereby warrant that I have read this Liability Release and Waiver Form in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware that this Release and Waiver Form releases Mission Lazarus, Inc. from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, on my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will and agree to be bound by all its terms. I understand that this agreement shall be legally binding on the undersigned and their heirs, executors, administrators, successors and assigns.

Please Print:

Name: _____

Address: Street _____

City _____ State _____ Zip Code _____

Home Phone: (____) _____ Office Phone: (____) _____ Fax Number: (____) _____

E-mail Address: _____

Volunteering area(s) of interest: _____

Name _____

Minor's Name _____

Signature _____

Parent/Guardian Signature _____

Date _____

Date _____

Submit Completed Release and Waivers to:

<p><i>Mission Lazarus Use Only.</i></p> <p>Received: _____</p> <p>Date: _____</p>
