

VOLUNTEER REGISTRATION, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

Personal Information

Name _____ Date of Birth _____
Country _____
Arrival Date at volunteer site _____ Expected Departure Date _____

Contact Information

Email _____ Occupation _____
Local Mobile # _____ Permanent Phone # _____
Home Address _____
City _____ State _____
Zip Code/Province _____ Country _____

Emergency Contact Information

Contact Name _____ Relationship _____
Contact's Email _____ Contact's Phone # _____

Medical Information

Please List Any Medical Conditions and/or Allergies _____
Please List Dietary Restrictions (e.g., Vegetarian) _____

Do you have personal auto insurance? (valid driver's license and auto insurance required to drive HON vehicles).

Skill sets

CONSTRUCTION

- bricklaying
- carpentry
- framing
- other:
- power tools
- painting
- general labor
- masonry

IT

- database development
- networking
- web development
- graphic design
- other:

TRADE SKILL

- boat building
- electrician
- engine repair
- other:
- plumbing
- welding
- phone/tech

MEDICAL

- doctor
- E.M.T.
- first aid / CPR
- other:
- paramedic
- physiotherapist
- nurse

PROFESSIONAL

- environment
- legal
- other:
- struct. engr.
- civil engineer
- art

OFFICE

- accounting
- fund-raising
- grant-writing
- other:
- public relations
- administration

Copy of Driver's License

Acknowledgement & Assumption of Risks

Hands On Network, Inc., a Georgia-based 501(c)3 nonprofit organization has a mission to bring people together to strengthen communities through meaningful volunteer action. Included in our activities are volunteer efforts related to disaster relief and recovery (the "Hands On Network Activities"). **The Hands On Network Activities frequently involve significant risks, hazards, and/or dangers, some of which are inherent in the activities and cannot be eliminated or reduced (collectively, "Risks"). These Risks can cause many kinds of injury and/or loss, including but not limited to loss of property, damage to property, personal injury, illness, physical, mental or emotional trauma, disability and/or death (collectively, "Injury").** I understand that Hands On Network does not want to frighten me or reduce my enthusiasm for the Hands On Network Activities, but believes that it is important for me to be informed of the Risks of Injury.

The Risks include, without limitation:

- Living and working in dangerous circumstances, with limited access to medical care and proper sanitation.
- Working with dangerous equipment, which may break, fail, malfunction, or otherwise cause Injuries.
- Hands On Network Personnel and other volunteers, many of whom are untrained volunteers themselves, must make various judgments and decisions as they conduct the Hands On Network Activities in changing outdoor and indoor environments.

These judgments are, by their nature, imprecise and subject to error. Consequently, there are risks involved in such decision making and conduct, including, without limitation, the risk that Hands On Network Personnel or other volunteers may misjudge Participant's ability or preparedness to perform a given task, or may misjudge weather, terrain, water and/or river level, or may misjudge the necessity or propriety of medical treatment or lack thereof.

- The potential exists that Participant, Hands On Network Personnel, other Hands On Network volunteers, or third parties (e.g. rescue squad, hospital) may act carelessly, recklessly or generally fail to exercise due care.
- Hands On Network Activities may take place in remote places, at a significant distance from medical facilities, where communication and transportation are difficult and where evacuation and medical care may be substandard or delayed.
- Such other risks, hazards, and dangers that are generally associated with volunteer relief work in the context of natural disasters, both during and before or after normal work/volunteering hours.

These and other hazards and dangers may result in Injury to Participant, which includes without limitation, falling, being struck, dismembered or crushed, colliding with objects or people, experiencing vehicle collisions, being injured or sickened by machinery, objects, animals, water, mold, or people (collectively, "Injury").

I understand that the above description of Risks and Injuries is not complete and that other unknown or unanticipated risks, hazards, and dangers may result in Injury or other loss. I acknowledge that participating in the Hands On Network Activities may require a degree of skill and knowledge different from other activities and that I have responsibilities as a Participant. I warrant that I have no mental or physical problems or limitations that might compromise or affect my ability to participate in Hands On Network Activities, and I represent that I am fully capable of participating in these activities without causing harm to others or myself. I acknowledge that Hands On Network and Hands On Network Personnel are, and have been available, to answer any and all questions I may have had about the nature and physical demands of these activities and the risks, hazards, and dangers associated with these activities. I understand that presence of any Hands On Network Personnel is no assurance of my safety or any lessening of the Risks, and I nonetheless undertake to participate in the Hands On Network.

My participation in the Hands On Network Activities is purely voluntary and I choose to participate in spite of and with knowledge of the Risks. Therefore, in exchange for being allowed to participate in the Hands On Network Activities, I assume and accept full responsibility for myself, for those Risks identified here and for those risks not identified, and for all Injury, death, property loss or expenses suffered by myself or by any third party arising out of those Risks and/or my own negligence or (to the extent allowed by applicable law) the negligence of Hands On Network or others.

Release & Indemnity: I hereby agree, on behalf of myself and my children, heirs, executors, administrators and representatives, to the fullest extent allowed by applicable law, to release, indemnify and defend Hands On Network and any and all of its volunteers, employees, board members, contractors, partners, donors, and associates ("Hands On Network Personnel") with respect to all claims, liabilities, losses, suits or expenses (including costs and reasonable attorneys fees) made or brought by anyone, including myself, any co-Participant, volunteer, third party, or any members of my family arising out of any injury, damage, death, or other loss in any way connected with my participation in Hands On Network Activities or use of Hands On Network equipment or facilities. This agreement includes any losses claimed to be caused, in whole or in part, by the negligence of Hands On Network or Hands On Network Personnel. I agree to waive all claims against Hands On Network or Hands On Network Personnel, whether legal or equitable, and I agree that neither I, nor anyone acting on my behalf, will make a claim or file a lawsuit of any kind against Hands On Network or Hands On Network Personnel as a result of any injury, damage, death or other loss.

I agree that this and all other aspects of my relationship with Hands On Network are governed by Georgia State law. Further, any mediation, suit, or other proceeding arising out of or relating to my participation in Hands On Network Activities, must be filed exclusively in the State of Georgia, and Georgia State law shall apply. I agree to settle any dispute that cannot be settled by discussion through mediation before a mutually acceptable Georgia mediator. **I also agree that if I, or someone on my behalf, asserts(s) a claim or file(s) a suit against Hands On Network or Hands On Network Personnel, I will pay all costs and attorney's fees incurred by Hands On Network in defending that claim or suit, if the claim or suit is withdrawn or dismissed, or to the extent a court determines that Hands On Network and/or Hands On Network Personnel is not responsible for the injury or loss.**

While I agree that Hands On Network has no responsibility to provide medical care to me and makes no offer to do so, I authorize Hands On Network Personnel, should they deem it necessary, to obtain or provide such medical care for me as they deem appropriate, and/or to transport me to a medical facility should they deem it appropriate. I further authorize Hands On Network Personnel or any medical personnel to render such treatment they deem necessary for my health. I further agree to pay all costs associated with such care or evacuation whether or not authorized by me. Without limiting any of the foregoing, I expressly waive any claims that I or anyone on my behalf may make against Hands On Network or Hands On Network Personnel with regard to medical care and the provision or failure to provide such care.

Photo Release: I hereby authorize and consent that Hands On Network may copyright, publish, use, sell or assign any and all photographic portraits or pictures, television spots, movie films, videotapes and/or sound records or any part thereof, that they may have taken or made of me in which I may be included in whole or in part, whether separate from or in connection with illustrative or written manner, story or news item, motion pictures, television or radio spots, or for publicity, advertising or any other lawful purpose whatsoever, in conjunction with my name or in anonymity. I hereby waive any right I may have to inspect and/or approve the finished product or the advertising copy that may be used in connection therewith or the use to which it may be applied. Any portion of this Document deemed unlawful or unenforceable shall not affect the remaining provisions of the Document, and those remaining provisions shall continue in full force and effect. I have carefully read this document, I understand it, and I voluntarily sign it and acknowledge that it shall be effective and legally binding upon myself, my family, heirs, executors, representatives and estate, and that no oral representatives, statements or inducements apart from this Release have been made to me.

Participant Signature:

Date: