Farm of Hope Inc.

Volunteer Registration and Waiver Form

Please PRINT the information in the box below and bring with you appropriately filled out.

Volunteer (or Group Leader):	In Case of Emergency, Contact:
First Name:	Name:
Middle Name:	Address:
Last Name:	
Address:	Phone:
	Relationship:
Phone:	
Email:	
Date of Birth:	*
	LIMITATION OF LIABILITY
For the entire duration of the volunteer period	
To be read and signed by all individuals intending	
named individual) hereby waive and forever Springs Farm") its officers, directors, employ other volunteer organizations, volunteers, co Springs Farm property or function, and any of by or on behalf of Hope Springs Farm from all kind whatsoever including, but not limited to	undersigned (or parent/legal guardian of the above release and hold harmless Farm of Hope Inc., ("Hope ees, affiliates, parent organizations, successors, assigns, ontractors, subcontractors, any other individual at any Hope other parties in interest to the construction of any property Il claims, demands, grievances, and causes of action of every o, all liability for injuries and/or damages of every kind, rise from or out of my (or the named individual's) elated to Hope Springs Farm.
I grant full permission for organizers to use p quotations from me in accounts and promot	hotographs and/or video or audio recordings of me and ions of this event.
Signed:	Date:
EOD VOL	INTEEDS LINDED AGE 19.

FOR VOLUNTEERS UNDER AGE 18:

^{*} A parent or legal guardian must sign in space above for any person under age 18 who will be working at the site.