

Waiver and Release for Volunteers

VOSH-_____

Eye Care Clinic Location: _____

Date(s): _____

The undersigned affirms, understands, and agrees that Volunteer Optometric Services to Humanity (“VOSH”) and the clinic leadership are volunteering their efforts to coordinate arrangements to benefit the eye care clinic referenced above ("clinic"), including travel, lodging, and meals, among other things, during the work trip. I understand that the term Volunteer Optometric Services to Humanity (“VOSH”) as used in this Waiver and Release refers to BOTH Volunteers for Optometric Services to Humanity/International AND the Regional VOSH Chapter of the organization as shown above in this Waiver and Release, which regional chapter is the organization directly conducting this clinic and is responsible for its operations and results.

In consideration for being allowed to accompany and participate in this clinic, I hereby personally assume all risks in connection with this clinic and I further release VOSH and the clinic leaders from all claims, demands, and actions and for any harm, injury, or damage which may befall me while on or during the clinic dates, including all risks in connection therewith, whether foreseen or unforeseen, and further I agree to save and hold harmless VOSH and the clinic leaders, its representatives, heirs, or assigns, arising out of my participation in this clinic. VOSH and the clinic leaders will be held harmless for any occurrence in connection with or operation thereof, which may result in injury, death, or other damage to me or my family, heirs, or assigns. Further, VOSH and the clinic leaders will not be held responsible for loss of or damage to any equipment, luggage, or personal property taken on or used during the clinic dates.

I grant permission to VOSH to take and release any pictures or stories about my participation in the clinic and to use my story, likeness and/or any photographs provided, in any and all of its publications, including, but not limited to, the VOSH web site and social media, without payment or other consideration. I hold harmless VOSH from any claims, demand, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization or the use of my story, likeness, and photos.

I further understand that should it be necessary for me to cancel my participation in some or all of the clinic dates for any reason, there is no refund of funds, expenses, costs, fees and/or assessments, including the those associated with travel and the clinic/ mission fee. These are all my responsibility and I understand and agree that VOSH and its clinic leaders will not be responsible in any way for the refund of said monies.

I hereby state that I am over the age of 18 and qualified and of legal age and authority and competence to sign this release. If I am a minor, then my parent and/or authorized guardian is signing this agreement on my behalf. Further, as a minor I agree that my parent and/or guardian are fully aware of any and all laws, rules or guidelines relating to my service during the clinic and hereby agree to comply therewith.

I have read and agree with the terms set forth herein, and I am signing this release and participating in the clinic trip voluntarily of my own free act and deed with no expectation of reimbursement or remuneration of any kind.

DATE SIGNED:

PRINT NAME OF APPLICANT:

SIGNATURE OF APPLICANT:

SIGNATURE OF PARENT OF MINOR (if applicable):