

HELPING HANDS VOLUNTEER RELEASE OF CLAIMS (Adult)

I am interested in and desire to participate as an uncompensated volunteer in the Our Lady of Victory Parish (the "Parish") community outreach program (the "Activity"). In exchange for and in consideration of the opportunity to volunteer and participate in the Activity, I hereby agree to the following:

- I understand the scope and nature of the Activity, including but not limited to the fact that the Activity involves or may involve performing outdoor maintenance projects such as cleaning gutters, clearing flower beds, power-washing decks, raking leaves, and painting jobs and/or indoor service projects involving house maintenance or house work.
- I recognize, as with any activity, the possibility and risk of injury associated with my participation in the Activity and that such injury can include, but is not limited to, serious bodily injury, permanent disability, paralysis, and death.
- I understand that such injuries can occur for any number of reasons which are both foreseeable and unforeseeable and which include, but are not limited to, my own actions or inaction, and the actions or inaction of others (whether negligent, intentional, or otherwise).
- I assume all risks in connection with my participation in the Activity.
- To the fullest extent allowed by law, I, on behalf of myself, my spouse, as well as our respective heirs and assigns, executors, all other legal representatives and any others claiming through us or on behalf of us, hereby agree to release, discharge, hold harmless and indemnify the Parish, the Roman Catholic Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, as well as their respective clergy, officers, employees, agents, representatives, attorneys, sponsors, and volunteers from and against all claims, judgments, liability (of any nature or extent) which in any way arise out of or relate to my participation in the Activity, whether foreseen or unforeseen, regardless of the cause (including, but not limited to, the negligence of any person).
- I understand that it is my responsibility to carry appropriate medical insurance for myself and that such is not the responsibility of any other person or party, including, without limitation, the Parish or the Diocese of Cleveland.

In signing below I warrant that I have read and fully understand this Release.

Date: _____

Print Name: _____