

RELEASE FORM

TO VOLUNTEERS:

We are delighted with the opportunity of sponsoring your activities and helping you with some of the arrangements. We must warn you, however, that volunteers of Health Volunteers Overseas may be subjected to considerable risks, including, but not limited to, the risks of international travel and terrorism. As our organization is comprised entirely of volunteers like yourself, it has limited funding and has no insurance to cover these risks. Each volunteer is expected to assume any and all risks that may result from his or her activities and to procure insurance coverage as he or she deems appropriate.

Please sign and date this form and return it to the above address acknowledging this notification, releasing us from liability, and indemnifying us from claims against us arising from your activities. **We must receive a signed copy of this form before we can continue to process your assignment**. Thank you.

Sincerely,

April Pinner

April Pinner, MSPH, RD Executive Director

The undersigned hereby acknowledges receiving this form, and acknowledges the risks assumed by volunteers of Health Volunteers Overseas. On behalf of himself or herself and his or her family and personal representatives, the undersigned hereby agrees to indemnify, release and forever discharge Health Volunteers Overseas, its officers, directors, members, HVO sponsors, and their respective officers, directors, members and all other persons and organizations working on its behalf from any and all loss, liability, actions, claims and demands of any nature, past, present or future, that may result from or be in any way related to the undersigned's activities conducted under the auspices of Health Volunteers Overseas.

Your Name:			
	(PLEASE PRINT)		
SIGNATURE:			
DATE SIGNED):		
Project & Co	untry of Assignment:		
DATE OF DEF	PARTURE FOR SITE:	DATE OF RETURN HOME:	

Sign and return via email or mail to:

info@hvousa.org