GENERAL RELEASE AND WAIVER AND ASSUMPTION OF RISK
PLEASE READ THIS GENERAL RELEASE AND WAIVER AND
ASSUMPTION OF RISK (“AGREEMENT”) CAREFULLY BEFORE
YOU SIGN IT. THIS IS A LEGAL DOCUMENT THAT AFFECTS
YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS ABOUT
THIS AGREEMENT, PLEASE CONSULT AN ATTORNEY BEFORE
YOU SIGN IT.

1. Assumption of Risk
I, ____________________________________________________ acknowledge that I have applied to
be a volunteer in the work of the Hands for Peacemaking Foundation (“HFPF”). I am aware and
acknowledge that the work of HFPF may subject me to a number of risks and dangers. I
understand and acknowledge that the work of HFPF may involve hazardous or dangerous
activities and that my participation in such work may subject me to serious risk. I have
volunteered to participate in the work of HFPF in Guatemala. I understand and acknowledge that I
may be subject to a number of additional risks and dangers involved in transportation to and in
Guatemala (including traveling in light airplanes), the risk and danger that adequate medical
facilities may not be available should I require medical attention, and the risks and dangers of
residing in and being subject to the laws of a foreign country. I have been made aware of the
conditions that presently exist in Guatemala, specifically, but not limited to, social and political
unrest, guerrilla and terrorist activity, unsanitary health conditions in camps, villages, and other
municipalities, including the risk of hepatitis, malaria, cholera, polio, and other diseases. I
voluntarily agree to assume all of the above risks, and all other risks associated with my
participation in the work of HFPF, whether known or unknown.

2. General Releases
As consideration for being permitted by HFPF to participate in its work, I hereby release and
forever discharge HFPF, their directors, officers, agents, employees, representatives, volunteers,
attorneys, assigns, and affiliates from any and all claims and demands of whatever kind or nature,
whether known or unknown, that arise out of or are connected in any way whatsoever with my
voluntary participation in the work of HFPF.

3. Release Re: Medical Treatment
As further consideration for being permitted by HFPF to participate in their work, I hereby release
and forever discharge HFPF, their directors, officers, agents, employees, representatives,
volunteers, attorneys, assigns, and affiliates from any and all claims and demands of whatever
kind of nature, whether known or unknown, that arise out or are connected in any way whatsoever
with any first aid, medical treatment or services rendered me during my participation in or in any
way related to HFPF work.

4. Binding Effect
I understand and acknowledge that this Agreement is a binding legal document that affects my
legal rights and remedies. I further understand and acknowledge that this Agreement binds not
only me but also my spouse, children, heirs, representatives, distributes, guardians and assigns.

5. No Employee Status/No Workers Compensation/No Malpractice Insurance/No Employee Benefits
I understand and agree that I am not an employee of HFPF because I participate as a volunteer in
the work of HFPF. I understand and agree that HFPF is under no obligation to provide, and does
not provide, workers compensation or malpractice insurance or any other employee benefits of any
kind whatsoever.
6. **Scope**
   I understand and agree that this Agreement is intended to be interpreted and construed as broadly and inclusively as permitted under the laws of the State of Washington. If legal proceedings are filed I understand they will be tried only in the State of Washington.

7. **Entire Agreement/Amendment Only by Writing**
   I understand and agree that this Agreement constitutes the entire agreement between me and HFPF concerning my participation in the work of HFPF and supersedes all negotiations and statements made prior to or contemporaneous with the execution of this Agreement. I further understand and agree that this Agreement may only be modified or amended in writing signed both by me and by an authorized representative of HFPF, and that this Agreement may not be orally amended.

8. **Governing Law/Forum**
   I understand and agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Washington. I hereby agree that any litigation, administrative proceeding or arbitration involving this Agreement or my participation in the work of HFPF shall be brought and conducted in the Superior Court of the State of Washington and for the County of Snohomish. I agree to be subject to personal jurisdiction and venue in the state of Washington, County of Snohomish, and hereby waive any right I may have to commence any litigation, administrative action or arbitration relating to this Agreement or my participation in the work of HFPF in any form other than the Superior Court of the State of Washington in and for the County of Snohomish.

9. **Invalidity of Any Clause**
   I understand and agree that in the event any clause, sentence or provision of this Agreement shall be held to be invalid or unenforceable by any court of competent jurisdiction, the invalidity or unenforceability of such clause, sentence or provision shall not affect the validity or enforceability of the remaining provisions.

10. **Terms Contractual**
    I understand and agree that the terms of the Agreement are contractual and are conditions precedent to my participation in the work of HFPF and are not mere recitals.

11. **Release of Identity**
    I hereby authorize the use of my picture, whether video or still, and/or verbal statements made by me, to HFPF or other organizations allied with HFPF, in news or promotional material or video.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS AND BINDING EFFECT. I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO HAVE THIS AGREEMENT REVIEWED BY AN ATTORNEY PRIOR TO THE TIME I SIGNED IT. I UNDERSTAND THAT THIS AGREEMENT IS A LEGAL CONTRACT BETWEEN ME AND HFPF THAT AFFECTS MY LEGAL RIGHTS. I REPRESENT THAT I AM SIGNING THIS AGREEMENT KNOWINGLY, VOLUNTARILY AND OF MY OWN FREE WILL.

Volunteer __________________________________________ Date: _____________________
Print Name & Address: _________________________________________________________

If under 21 years old, signature and printed name of Parent or Legal Guardian needed

Hands for Peacemaking Foundation, P.O. Box 964, Everett WA, 98206