

JD SHETH FOUNDATION
VOLUNTEER RELEASE AND WAIVER OF LIABILITY

Participant: _____

Address: _____

Date of Birth: _____

Email Address: _____

If participant is a minor, please state:

Name of Guardian: _____

Address of Guardian: _____

Relationship to Minor: _____

I, the undersigned, will be participating in a volunteer project located in
_____ **(hereafter the project) on or about**
_____ **20** _____ **to** _____ **20** _____ .

I recognize that there are risks involved in participating in the project and hereby assume all risk of injury, illness, harm, damage, or death in connection with my participation in it. I understand and agree that neither the JD Sheth Foundation nor its trustees, officers, directors, employees, volunteers, agents or representatives may be held liable in any way for any injury, illness, harm, damage, or death that may occur to me as a result of my participation in this project and hereby release the JD Sheth Foundation, its trustees, officers, directors, employees, volunteers, agents and representatives from any injury, illness, harm, damage or death, which may occur while I am participating in the project. To the fullest extent permitted by law, I agree to save and hold harmless the JD Sheth Foundation, its trustees, officers, directors, employees, volunteers, agents, and representatives from any claim by myself, my estate, heirs, successors, assigns, or other persons arising out of my participation in the project.

I authorize JD Sheth Foundation, through its trustees, officers, directors, employees, volunteers, agents, or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, illness, harm, or accident occur to me while participating in the project.

I understand and acknowledge that the JD Sheth Foundation **does not** provide health or medical insurance in connection with the project **nor do they** provide travel or trip insurance and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency medical treatment and/or transportation to a medical facility and/or transportation back to the United States of America or country of residence if need be, in connection with my participation in the project.

Executed this _____ **day of** _____ , **20** _____

Printed Full Name of Participant: _____

Signature of Participant/Guardian: _____