

**THE CHILDREN'S HOME, INC.
FOR VISITORS, PARTICIPANTS AND/OR VOLUNTEERS
ACKNOWLEDGMENT OF RISK, ACCEPTANCE OF RESPONSIBILITY AND
RELEASE/DISCHARGE FROM LIABILITY.**

Thanks for printing & signing your name & returning form to Volunteer Coordinator!

Please read and understand the entire document before initialing and signing the form. You or those in your care/custody or those you represent may not participate in any activities or use any facilities without this form being completed and signed.

I understand that the activity that I and the family or group I represent are about to voluntarily engage in as a visitor, participant, spectator and/or volunteer may bear certain known risks and unanticipated risks which could result in physical or emotional injury, damage to myself or others, to property or to spectators or to third parties. I understand that the risks simply **cannot be eliminated** without jeopardizing the essential qualities of the activity.

Being aware that this activity might entail risk of injury to me and /or the family or group I represent and/or risk of injury to spectators or other third parties as a result of my actions, I expressly agree, covenant and promise to accept and assume all responsibility and risk for injury or damage arising from my participation or the participation of my family or group in this activity. My or our participation in this activity is purely voluntary, no one is forcing me or us to participate, and I or we elect to participate in spite of the risks. I and /or the family or group I represent fully understand that I may elect to not participate in any given activity at any time.

ADDITIONAL TERMS

This facility is used by many different groups of people. Some of the people you or your group may encounter may be clients of TCH. We do not differentiate our clients from other TCH visitors. Therefore we request you and your group respect the privacy of any person you may encounter on the premises by not asking personal questions to them or about them. **Please maintain the confidentiality of any person you see on the campus even after you complete this activity.**

I have read this agreement and understand it. I and the family or group I represent agrees to be bound by its terms. I have had all my questions answered regarding the activity I am about to engage in and will comply with the instructions for use. I and /or the family or group I represent hereby release, forever discharge and agree to indemnify and hold harmless The Children's Home, Inc., its agents or employees from any and all liability, claims, demands, or causes of action, which are in any way connected to my participation in the activity or my use of The Children's Home, Inc. equipment or facilities, including any such claims which allege negligent acts or omissions of The Children's Home, Inc.

****Print Participant Name:** _____ **Group name:** _____

****Participant signature:** _____ **Date:** _____
(if participant is 18 years of age or older)

****or Authorized signature:** _____ **Relationship:** _____
(if participant is under 18 years of age)

Agreed to: The Children's Home, Inc. by: _____ Date: _____