



RELEASE & WAIVER OF LIABILITY

Agreement made on this date: _____

Name of Volunteer: _____

This Release and **Waiver of Liability** (Release), executed on this by the above-named volunteer (Volunteer) in favor of **Project Samana Inc.**

The Volunteer does hereby freely, voluntarily and without duress execute this Release under the following terms:

1. **Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless **Project Samana Inc.** and its successors and assigns from any and all liability, claims, demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's participation in its international veterinary relief mission.

Volunteer understands that this Release discharges **Project Samana Inc.** from any liability or claim that the Volunteer may have against **Project Samana Inc.** with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's participation in **Project Samana Inc.**'s programs and or events. Volunteer also understands that **Project Samana Inc.** does not assume responsibility for obligation to provide financial assistance or other assistance, including, but not limited to medical, health, or disability insurance. Volunteer acknowledges that there is no employment relationship between Volunteer and **Project Samana Inc.** and that Volunteer is not an employee of **Project Samana Inc.** for purposes of any law or regulation including federal or state wage and hour law, employee benefits laws or antidiscrimination laws.

2. **Medical Treatment.** Volunteer does hereby release forever discharge **Project Samana Inc.** from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's participation in its international veterinary relief mission.

3. **Assumption of Risk.** Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases **Project Samana Inc.** from all **liability** for injury, illness,

death or property damage resulting from the activities of Volunteer's participation in **Project Samana Inc.** 's programs or events. Volunteer acknowledges that the risks involved in participating includes but is not limited to rabies, malaria, zika, chikungunya, tetanus, cholera, and typhoid, dengue, gastrointestinal issues, all forms of hepatitis, cholera, HIV, and bodily injury due to accidents. By executing this Release, the Volunteer attests to being currently vaccinated for rabies, and will ensure that she remains protected from rabies for the duration of her work with Project Samana. The Volunteer assumes all liability for exposure to rabies regardless of vaccination status.

4. **Insurance.** Volunteer understands that **Project Samana Inc.** does not carry or maintain health, medical, or disability insurance coverage for any volunteers. Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.

5. **Photographic Release.** Volunteer does hereby grant and convey unto **Project Samana Inc.** all right, title and interest in any and all photographic images and video or audio recordings made by **Project Samana Inc.** during its programs and events including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Massachusetts and that this Release shall be governed by and interpreted in accordance with the laws of the State of Massachusetts. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction. The invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

SIGNATURE: _____ DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

PLEASE LIST ANY HEALTH OR MEDICAL CIRCUMSTANCES (SUCH AS ALLERGIES) THAT WE SHOULD BE AWARE OF:
