

# Healing Hearts Across Borders

## Non-Medical Volunteer Release

*Healing Hearts Across Borders extends its heartfelt thanks to you for volunteering to help meet our mission. We ask that you read our Mission Statement, and ~~that~~ if you decide to become a volunteer, please read and sign this Acknowledgement form.*

### Our Mission Statement:

To bring the most under-resourced people of Tijuana, Mexico, healing for the body and hope for the heart by mobilizing and distributing medical and spiritual resources.

### Acknowledgment by Non-Medical Volunteer

I would like to be a volunteer for Healing Hearts Across Borders (HHAB) and, to that end, I have been asked to acknowledge the following matters:

^ I understand and acknowledge that all my activities for the benefit of or on behalf of Healing Hearts Across Borders are performed by me solely as a volunteer and that my decision to volunteer my services is based on my own personal conscience and decision to help this worthy cause. I will not be paid and so do not expect any compensation of any form for my activities and assistance to HHAB and I understand that I am under no obligation to provide any assistance or aid.

In return for being permitted to the above-activities for HHAB, including the associated use of any premises, facilities, staff, equipment, transportation, and services of HHAB, I, for myself, my heirs, personal representatives, and assigns, do hereby release, waive, discharge and promise not to sue HHAB, its directors, officers, employees, and agents (collectively, the "HHAB Parties"), from any and all liability from any and all claims, including negligence of the HHAB Parties, resulting in personal injury (which includes death), accidents, illnesses, and property loss, in connection with my participation in any HHAB-related activities and use of any HHAB facilities.

I understand and acknowledge that participation within HHAB's activities carries with it certain inherent risks that cannot be eliminated, regardless of the care taken in order to avoid injury or loss. The specific risks vary from one activity to another, but include, though not necessarily limited to, risks related to personal injury, illness, both major and minor injuries, and potential loss to my personal property.

I agree to indemnify and hold HHAB and the HHAB Parties harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, arising out of my involvement with HHAB, and to reimburse it for any such expenses incurred.

I agree that this Non-Medical Volunteer Release is intended to be as broad and inclusive as permitted by law, and that if any portion is held invalid, the remaining portions will

continue to have full legal force and effect.

This Release shall be governed by the laws of the State of California, and any disputes arising out of or in connection with this Release shall be under the exclusive jurisdiction and venue of the Courts of the State of California.

^ I am not an employee of HHAB and, as such, I understand that I am not owed any rights, duties, or benefits afforded to employees under federal, state, or other laws. I also am responsible for paying for my own lodging, and meals.

^ I understand that by its nature, the HHAB mission involves travel to and within Mexico for the purpose of providing medical care. This mission may include visits to the public dump or other possibly hazardous or remote areas within Mexico. If I participate in any activities within Mexico. I understand that I am doing so at my own risk and voluntarily. HHAB has not provided me with any promises or other statements about conditions in Mexico, and I have been advised to seek information from travel bureaus, the State Department, or other sources as to about conditions within Mexico and the risk associated with volunteering my services there.

**^ Because I am not a member of the medical profession or staff, or other licensed medical provider, I understand and agree that I will not be engaging in the practice of medicine or nursing, or in any other capacity or providing care that required licensing or training. My volunteer duties will be limited to providing assistance or aid that does not require such licensing or training.**

**I agree to indemnify and hold harmless the Board of HHAB as a whole, as well as the members of the Board individually, as well as the officers, directors, managers, members, agents, and representatives of HHAB from and against all demands, claims, actions, losses, damages, liabilities, costs and expenses, including without limitation, reasonable attorney's fees, asserted against or incurred by them resulting from my own negligence or breach of duties in connection with HHAB-related activities.**

^ I understand and agree that, as with all my volunteer activities on behalf of HHAB, if I should operate a motor vehicle while volunteering for or on behalf of HHAB, I do so at my own risk and expense. If I do drive on behalf of HHAB, I certify that I have my own automobile insurance coverage and that if I drive into or within Mexico, I will pay for and secure my own Mexican insurance coverage as required under Mexican Law.

**I have read this Release and, fully understanding its terms, and understand that I am giving up substantial rights, including my right to sue. I confirm that I am signing this Release freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.**

Printed Name:

Date:

Signature:

Email: Phone: