

Date Received (Office Use Only):

\_\_\_\_/\_\_\_\_/\_\_\_\_



Restoring Hope to Families

**Last Name**  
(Office use only)

### Liability Disclaimer for Volunteering

HELPING HANDS OF NEW JERSEY does not provide liability insurance for the protection of individuals, groups, organizations, businesses, spectators, or others who may participate in VOLUNTEERING.

In consideration for your participation in said VOLUNTEERING, the individual, group, organization, business, spectator, and/or other, does hereby release and forever discharge HELPING HANDS OF NEW JERSEY, and its officers, board, and employees, jointly and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by participating in VOLUNTEERING.

This release extends and applies to, and also covers and includes, all unknown, unforeseen, unanticipated and unsuspected injuries, damages, loss and liability and the consequences thereof, as well as those now disclosed and known to exist. The provisions of any state, federal, local or territorial law or state providing substance that releases shall not extend to claims, demands, injuries, or damages which are known or unsuspected to exist at this time, to the person executing such release, are hereby expressly waived.

I hereby agree on behalf of my heirs, executors, administrators, and assigns, to indemnify that HELPING HANDS OF NEW JERSEY and its officers, board and employees, joint and severally from any and all actions, causes of actions, claims and demands for, upon or by reason of any damage, loss or injury, which hereafter may be sustained by participating in VOLUNTEERING.

It is further understood and agreed that said participation in VOLUNTEERING is not to be construed as an admission of any liability and acceptance of assumption of responsibility by HELPING HANDS OF NEW JERSEY, its officers, board, and employees, jointly and severally, for all damages and expenses for which HELPING HANDS OF NEW JERSEY, its officers, board and employees, become liable as a result of any alleged act of the volunteer participant.

**ALL PARTICIPANTS MUST COMPLETE THIS LIABILITY DISCLAIMER TO BE ELIGIBLE TO PARTICIPATE IN VOLUNTEERING.**

\_\_\_\_\_  
Name (First and Last) of Participating Volunteer

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Volunteer Phone Number

\_\_\_\_\_  
Organization (If applicable)

\_\_\_\_\_  
Address (Street, City, State, Zip)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Relationship to Volunteer

\_\_\_\_\_  
Address (Street, City, State, Zip)

\_\_\_\_\_  
Phone (H)

\_\_\_\_\_  
Phone (C/W)

\_\_\_\_\_  
E-mail

**Last Name**  
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Restoring Hope to Families

**Personal Appearance Release**

I, \_\_\_\_\_, hereby grant permission to Helping Hands of New Jersey, its agents and assigns, to use my photo, audio, video, and likeness for the purpose of promotion by Helping Hands of New Jersey for all forms, media and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time.

I give unrestricted permission for the images, videos, and recordings of me to be used in print, video, digital and internet media. I agree that these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me.

I further acknowledge that I will not be compensated for these uses and the Helping Hands of New Jersey owns all rights to the images, videos, and recordings, and to any derivative works created from them.

I waive any right to inspect the uses of any printed or electronic copy. I hereby release Helping Hands of New Jersey and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright.

This Release expresses the complete understanding of the parties.

\_\_\_\_\_

Name of Participating Volunteer

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Organization (If Applicable)

\_\_\_\_\_

Address (Street, City, State, Zip)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date