

Hope Station Community Services, Inc.
A Not-For-Profit Corporation

Volunteer Release and Hold Harmless Agreement

By my signature on this document, I assume all liability from any cause whatsoever that may arise out of or in connection with my activities as a volunteer for Hope Station Community Services, Inc., an Oregon non-profit corporation, ("HSCC"), including but not limited to all liability from any cause whatsoever for personal injury or property damage; all liability from any cause whatsoever for contribution or indemnification; and all liability from any cause whatsoever that may arise out of, in connection with or during the time of my volunteering to provide services to HSCC.

I release and hold harmless HSCC, its directors, officers, employees, agents, volunteers, assigns and successors [hereinafter, "the protected parties"] from all liability from any cause whatsoever as described above.

By this document, I assume all liability as described above that existed at the time of the execution of this document, and all liability from that time forward into the future.

By this document, I release and hold harmless the protected parties from all liability from any cause whatsoever as described above that existed at the time of execution of the document, and all liability from that time forward into the future.

The consideration for this document is the provision by HSCC to me of preferential shopping privileges.

This document shall be given a liberal construction, with all ambiguities resolved in favor of the protected parties. If any provision of this document is deemed to be partially void, invalid, or unenforceable, that provision shall continue in full force and effect to the maximum extent permitted by law, and all remaining provisions of this document shall continue in full force and effect. To the extent that any provision of this document is deemed to be completely void, invalid, or unenforceable, that provision shall be severed from the remainder of the document and all remaining provisions of this document shall continue in full force and effect.

Signed: _____ Dated: _____

Please print name clearly: _____

Address: _____ Phone: _____

_____ Participant? Yes or NO (please circle)

E-mail: _____ Participant Family Name: _____