

# Volunteer Waiver and Release Form

Volunteer Name: \_\_\_\_\_

Check here if Volunteer is under age 18

Contact E-mail (required): \_\_\_\_\_

Parent or Legal Guardian Email (required if Volunteer is under age 18): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**VOLUNTEERS MUST COMPLETE THE  
WAIVER AND RELEASE FORM**

**PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED  
IF VOLUNTEER IS UNDER AGE 18**

Centre for Humanitarian Affairs Gte Ltd  
#1, Gower Street, Colombo 05  
Sri Lanka  
0094 11 4061461

## WAIVER AND RELEASE FORM

### RELEASE OF LIABILITY

In return for being allowed to participate in Centre for Humanitarian Affairs (CHA) Gte Ltd volunteer activities and all related activities, including any activities incidental to such participation (“Volunteer Activities”), the under- signed **Volunteer or Parent/Legal Guardian** of Volunteer if Volunteer is under age 18 (hereafter referred to using “I”, “me”, or “us”) releases and agrees not to sue the Centre for Humanitarian Affairs Gte Ltd or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates (“the Foundation”) from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my/our participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I/we understand and agree that the CHA is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I/we understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I/we am/are voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I/we also agree to indemnify and hold harmless the Foundation for all claims arising out of my/our participation in the Volunteer Activities.

I/we understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I/we also acknowledge that the CHA have not arranged and do not carry any insurance of any kind for my/our benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I/we represent that, to my/our knowledge, I/we am in good health and suffer no physical impairment that would or should prevent my/our participation in Volunteer Activities.

I/we also understand that this document is a contract which grants certain rights to and eliminates the liability of the CHA .

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**(Signature of Volunteer)**

Date

I/we am/are of legal age and am freely signing this agreement. I/we have read this form and understand that by signing this form, I/we am/are giving up legal rights and remedies.

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**(Signature of Parent/Legal Guardian if Volunteer is Under 18)**

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.