

Dear Participant,

Thank you very much for being part of Open Arms Helping Hands activities, events, camps, or programs. Please read the following carefully and sign

- the liability form,
- the medical history and
- the Authorization for Emergency Medical Care form

BEFORE you start any activities.

Kind Regards,

Open Arms Helping Hands (Our website: <https://www.openarmsforkids.org>)

**OPEN ARMS HELPING HANDS ACTIVITY, EVENTS AND PROGRAM ASSUMPTION
OF RISK
& INSURANCE CERTIFICATION/ LIABILITY FORM**

During Open Arms Helping Hands (the “OAHH”) volunteering, many recreational activities, events, and indoor/outdoor programs involve substantial risks of bodily injury or death, property damage, and other dangers associated with participation in such activities. Dangers related to such activities include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussions, heart attacks, and heat exhaustion.

Each participant in these activities should realize that there are risks and dangers inherent in them, and in the training for, participation in, and travel to and from such activities. It is the sole responsibility of each participant to participate only in those activities for which he or she has the prerequisite skills, qualifications, preparations, and training.

The undersigned acknowledges that OAHH does not warrant or guarantee in any respect the competency or mental or physical condition of any trip leader, vehicle driver, or individual participant in any program or recreational activity.

I acknowledge that I am solely responsible for any hospital or other costs arising out of any bodily injury or property damage sustained through my participation in such voluntary programs or recreational activities, and that I am solely responsible for maintaining adequate health and accident insurance coverage for such costs.

I accept and assume all risks, hazards, and dangers involved in such activities in which I may elect to participate including the training, preparation for, and travel to and from the site of such activities or programs.

OAHH PROGRAM RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

The undersigned hereby acknowledges that participation in programs and recreational activities involves an inherent risk of physical injury and assumes all such risks. The undersigned hereby agrees that for the sole consideration of OAHH allowing the undersigned to participate in voluntary recreational programs or activities in connection therewith, and making available to the undersigned for his or her use while participating in such programs or activities, certain equipment, facilities, grounds, or personnel of the OAHH, the undersigned participant does hereby waive liability, release and forever discharge OAHH and the Board of Trustees of OAHH, its members individually, its officers, agents, or employees from any and all demands, rights, and causes of action of whatever kind or nature, arising out of all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, including death or Covid-19 resulting from my voluntary participation in or in any way connected with such programs and recreational activities.

I further covenant and agree that for the sole consideration stated above I will not sue OAHH, the Board of Trustees of OAHH, its members individually, its officers, agents, or employees for any claim for damages arising or growing out of my voluntary participation in recreational programs or activities.

I understand that the acceptance of this Release, Waiver of Liability, and Covenant Not to Sue the OAHH or the Board of Trustees of OAHH, or any agent or employee thereof, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents, and employees.

This Release, Waiver of Liability, and Covenant Not to Sue shall remain in effect for as long as I am a participant in programs or recreational activities offered by the OAHH. Further, I understand that, if I am an employee or student

at the OAHH, this Release, Waiver of Liability, and Covenant Not to Sue shall be effective during the entire period of my activities, events, camps, and programs at the OAHH.

I certify that I am 18 years of age and suffering under no legal disabilities and that I have carefully read and understand this notice.

Print Name: _____ **Signature:** _____ **Date** _____ **DOB** _____

Under 18: Parent/guardian Print Name: _____ **Signature** _____ **Date** _____

Emergency contact Phone: _____ **Insurance Company Name:** _____

Insurance ID _____ **Insurance group number** _____ **Insurance phone** _____

Home Address: _____

Medical History

1. List medications you are currently taking and for what reasons:

2. Please list allergies, your reactions to them, and required medication below.

Allergies	Reaction	Medication
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3. Please list conditions for which you have been hospitalized within the past year or for which you are currently undergoing treatment.

Condition	Name & Location of Hospital	Treatment & Date
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Authorization for Emergency Medical Care

1. I am aware of my past and present health and fitness for doing strenuous activity. I will participate in all program activities, except for those noted on this form by myself and/or my physician. Information about all prescription drugs that I am currently taking is noted on this form. I have completed this form to the best of my ability with full knowledge that any information withheld may increase the potential for serious injury or reinjury.

2. Should an accident or emergency occur that renders me unable to communicate, I hereby give permission to the physician selected by OAHH to hospitalize and/or secure proper treatment for me, except as noted on this form.

3. OAHH reserves the right to limit participation in its programs based on information submitted on this form.

Participant name _____ **Signature:** _____ **Date** _____

If you are **under the age of 18**, you are required to obtain the signature of a parent or guardian.

Parent/Guardian Signature: _____ **Date:** _____