

ELIZA'S HELPING HANDS, INC.
ACADEMIC INTERNSHIP/VOLUNTEERING
RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK,
& FINANCIAL RESPONSIBILITY

Eliza's Helping Hands, Inc. (therein "Agency") is pleased to have you (therein "I") come onboard through an academic internship/volunteering position to work (herein "Activities") alongside dedicated victim advocates in providing emergency, advocacy, and support services to victims of domestic violence.

In consideration of the nature and purpose of the duties required, services provided, and clients served, herein "Activities", in which I voluntarily agree to participate, I, _____, **my next of kin, heirs and representatives release the Agency, members of its Board of Directors, employees, officers, directors, interns, volunteers and other representatives from any and all liability, and promise not to sue the Agency, members of its Board of Directors, employees, officers, directors, interns, volunteers and other representatives for any and all claims**, including claims of negligence, physical injury (i.e. disfigurement, paralysis, and death), psychological injury, pain and suffering, physical or mental illness, damages to property, temporary and/or permanent disability (i.e. paralysis), economic loss, emotional loss, and/or death I may suffer in association to my participation in the Activities, including travel to, and from, and during the period of time that these Activities occur.

I, _____ **am aware of the potential risks associated with traveling to and from the locations where the Activities occur, as well as the potential risks associated with the Activities**, including, but not limited to, physical injury (i.e. disfigurement, paralysis, and death), psychological injury, pain and suffering, physical or mental illness, damages to property, temporary and/or permanent disability (i.e. paralysis), economic loss, emotional loss, and/or death. In addition, I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence, conditions related to travel and conditions of the locations where the Activities occur. Nonetheless, I, _____, **my next of kin, heirs and representatives assume all related risks, both known or unknown to me, my next of kin, heirs and representatives that may be associated with the Activities, including travel to, and from, and during the period of time that these Activities occur.**

I, _____, **my next of kin, heirs and representatives agree to hold the Agency's clear of harm from any and all financial claims**, including attorney's fees, restitution fees for damage to personal property that may occur as a result of participating in the Activities, including travel to, and from the locations where the Activities occur, and during the period of time that the Activities occur. If the Agency's incurs any of these types of expenses, I, my next of kin, heirs and representatives agree to reimburse the Agency. If I need medical treatment, I, my next of kin, heirs and representatives agree to be financially responsible for any

costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I, _____ am 18 years or older, and understand the legal consequences of signing this document, including (a) releasing Eliza's Helping Hands, Inc. from any and all liability, (b) promising not to sue Eliza's Helping Hands, Inc., for any and all claims, and (c) assuming any and all potential risks associated with participating in the Activities, including travel to, and from the locations where the Activities occur, and during the period of time that the Activities occur.

Intern/Volunteer: _____ Date _____

Supervisor: _____ Date _____