



Volunteer ANGEL Liability Release and Waiver Agreement

In consideration for my desire to serve as an ANGEL for the Hope Not Handcuffs ANGEL Program.

I _____ do hereby assume all risk and responsibility for any and all property damage and/or bodily injury that I may sustain while participating in the ANGEL Program.

Further, I, for myself, my heirs, executors, administrators and assigns do hereby release, waive and discharge Hope Not Handcuffs and all of its officers, directors, employees, agents and volunteers of and from any and all claims.

Further, I expressly agree that this release and waiver Agreement is intended to be construed as broadly and inclusive as permitted by Michigan federal law and that if any portion thereof is held to be invalid, shall remain binding with the full force and effect of law.

I currently have no known mental or physical condition that would impair my capability to serve in the ANGEL Program.

I have carefully read this release and waiver Agreement and I understand the content therein and I sign this Agreement of my own, free will.

Date: _____ Signature: _____

Print Name: _____

Date: _____ Witness Signature _____

Print Name: _____