



Institute for the Study of Human Awareness  
**Release and Waiver of Liability**

**PLEASE READ CAREFULLY!**  
**THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_ day of \_\_\_\_\_, 2024, by \_\_\_\_\_ (**Volunteer Name**) (the "Volunteer"), in favor of **Institute for the Study of Human Awareness ("ISHA")**, and their directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties").

I, the Volunteer, desire to work as a volunteer for the Released Parties and engage in activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to one or more of the following: working in **ISHA** events and operations; traveling to and from work sites, towns or cities; consuming food available or provided; living in housing provided for volunteers; constructing **ISHA** buildings and meeting halls; and other construction-related activities.

I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

**Release and Waiver.** I, the Volunteer, do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereafter arise from or is in any way related to my Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers.

**Please note that ISHA has installed cameras on the property that live stream to publicly available web sites.**

I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the Activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

**Age Limit.** It is the policy of **ISHA** that children under the age of 14 are not allowed on an **ISHA** construction site or worksite while construction is in progress. Minor children 14 to 16 years of age are accepted for limited support activities on worksites but must be accompanied by an adult guardian. It is further the policy of **ISHA** that, while minors between the ages of 16 and 18 may be allowed to participate in construction work, using power tools, excavation, demolition, working on rooftops and similar activities are not permitted for anyone under the age of 18.

**Medical Treatment.** I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with any of the Released Parties.

**Assumption of the Risk.** I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, the following: construction; loading and unloading; and travel to and from the work sites.

I hereby expressly and specifically assume the risk of injury or harm in the Activities and release the Released Parties from all liability for any loss, cost, expense, injury, illness, and death or property damage resulting directly or indirectly from the Activities.

**Insurance.** I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any volunteer. Each volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage. Furthermore, I understand that any insurance coverage offered by **ISHA** is not a waiver by **ISHA** of the waiver and release contemplated by this document. And that any such coverage is wholly at the discretion of **ISHA** and may be withdrawn, removed or rescinded at any time.

**Other.** I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state where the Activities take place. I further agree that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

To express my understanding of, and agreement with this Release, I sign here with a witness.

**Volunteer:** Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(PLEASE PRINT)

**Witness:** Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(PLEASE PRINT)

Date: \_\_\_\_\_

Please provide your personal contact information.

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

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

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

Your **Emergency** Contact Information.

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

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