

WAIVER AND RELEASE AGREEMENTS

AUTHORIZATION FOR REFERENCE AND BACKGROUND CHECKS

I certify that all of the information contained within is true. I understand that providing false information is grounds for termination of my volunteer services. If required, I authorize City Hope Foundation and their subsidiaries (Burlington Building Bridges, City Hope Maple Leaf Youth Services, Faith & Finance, and any others claimed by City Hope Foundation) to conduct a background check in compliance with the programs for which I am volunteering, before beginning volunteer work. All information obtained from reference and background checks will remain confidential. I understand that failure to clear any of the required reference/background checks may preclude my ability to serve at City Hope Foundation.

CONFIDENTIALITY STATEMENT

I hereby agree to regard all information received in the performance of my volunteer work for City Hope Foundation as confidential. I understand that City Hope Foundation respects the privacy of its programs, clients, staff, volunteers, and donors. I agree to respect these privacy rights in the performance of any volunteer duties and to keep professional confidentiality in all my statements outside of the agency.

MEDIA RELEASE STATEMENT

I give City Hope Foundation permission to use any video or photography taken of me during my volunteer experience for their print and online marketing materials, including, but not limited to: newsletters, publications, brochures, social media posts, videos, and website.

LIABILITY RELEASE: UNCONDITIONAL RELEASE AND HOLD HARMLESS AGREEMENT

I desire to participate in various programs, events, activities or service projects (each, an "Activity" or "Activities") sponsored, organized, or operated, at least in part, by City Hope Foundation (CHF), and I understand and acknowledge that CHF will not allow me to participate in the Activities unless I first release and hold harmless CHF, its directors, employees, or other agents (collectively, "Agents") from and against any damage and liability relating to or arising out of my participation in the Activities. I understand and acknowledge that my participation in an Activity exposes me to various risks, and I have considered these risks and possible dangers involved.

THEREFORE, in consideration of the permission extended to me by CHF through its Agents to participate in an Activity, I, for myself and for my heirs, legal guardians or representatives, successors and assigns (collectively, "Representatives"), agree to UNCONDITIONALLY RELEASE

AND FOREVER DISCHARGE CHF and its Agents from any and all claims, demands, and causes of action of whatsoever nature, which I or my Representatives ever may have against any of them on account of or related to such Activities or my participation therein. I hereby assume any and all risks associated with my participation in and related to such Activity, and I unconditionally agree to hold CHF and its Agents blameless for any liability concerning my personal health and well-being, or any injuries incurred while participating in an Activity.

I have carefully read the foregoing, and I understand that my submission constitutes a full and complete release of CHF and its agents and an agreement to hold such parties harmless from any liability for all injuries incurred while participating in an Activity.

MY SUBMISSION OF THIS APPLICATION CERTIFIES THAT I UNDERSTAND AND AGREE TO ALL OF THE ABOVE.