Liability Release Agreement

The undersigned wishes to participate in a short-term volunteer trip (herein the "Activity") with Peace and Hope Trust, Inc., a project sponsored by Peace and Hope Trust, Inc, a Massachusetts non-profit organization (herein "PHT") who is providing assistance for this trip.

PHT and the undersigned agree that the Activity poses certain risks including the following: sickness, crime, political instability, governmental opposition to mission and relief activities, as well as similar and dissimilar risks (herein the "Risks").

For and in consideration of PHT assisting the participant in the Activity, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the undersigned for himself/herself and his/her personal representatives, assigns, heirs, distributes, guardians and next of kin (herein "Releasors"), hereby irrevocably and unconditionally releases, waives, discharges and covenants not to sue PHT and its affiliates, subsidiaries, divisions, members, directors, officers, employees and agents (herein "Releasees"), for and from all claims of any nature now or hereafter existing, whether known or unknown, including but not limited to all liability to the Releasors, on account of injury to the undersigned or death to the undersigned or injury to the property of the undersigned, whether caused by the negligence of the Releasees or otherwise, while the undersigned is participating in the Activity.

The undersigned is fully aware of the Risks and other hazards inherent in the Activity, and voluntarily assumes the Risks and all other risks of loss, damage and injury that may be sustained by the undersigned while participating in the Activity.

The undersigned further agrees that he/she bears sole responsibility for any medical expenses which he/she incurs while participating in the Activity, whether from injury or illness, and whether required as a result of the undersigned's participation in the Activity or not. The undersigned acknowledges Releasees are under no obligation to, and do not provide medical insurance for the undersigned.

The undersigned warrants that he/she has fully read and understands the Liability Release Agreement and voluntarily signs the same, and that no oral representations, statements or inducements apart from the foregoing written agreement have been made to the undersigned.

VOLUNTEER: _____

Printed name

_____ DATE: _____ / _____ / _____

Signature

WITNESS: _____

Printed name

_____ DATE: _____ / _____ / _____

Signature

Rev 03.06