

Parental Hope, Inc.
P.O. Box 42570
Cincinnati, Ohio 45242

PARTICIPANT AGREEMENT AND RELEASE FROM LIABILITY

THIS RELEASE AND WAIVER OF LIABILITY (hereinafter "Release") is given on this ___ day of _____, 20___, by _____ ("Applicant") and _____ ("Co-Applicant") (Applicant and Co-Applicant collectively referred to herein as "Recipients") in favor of Parental Hope, Inc., a 501(c)(3) non-profit corporation organized and existing under the laws of the State of Ohio, USA, and its directors, officers, employees, affiliates and agents, and any heirs, executors, personal representatives, successors and assigns.

Recipients desire to receive financial assistance and/or other to be determined services (collectively referred to herein as "Assistance") from Parental Hope on behalf of themselves. In exchange for this Assistance, Recipients both hereby freely, voluntarily and without duress, gives this Release under the following terms:

1. Voluntary Participation by Applicant and Co-Applicant

Recipients acknowledge that they have voluntarily applied to receive Assistance from Parental Hope. Recipients further agree that any eligibility to receive Assistance may be terminated at any time by Parental Hope.

2. Release by Applicant and Co-Applicant

By executing this Release and in consideration of the opportunity afforded Recipients to receive Assistance from Parental Hope, Recipients hereby agree that Recipients, and any successors, assignees, heirs, guardians and legal representatives, will not make any claim against Parental Hope, any officers, directors, or employees of Parental Hope, any suppliers of any materials or equipment that are used by Parental Hope to provide Assistance, any Parental Hope volunteers or sponsors, or any other Parental Hope Assistance recipients, for injury, death, or damage due to any intentional, reckless, grossly negligent, or negligent action resulting from any act or omission of any person or entity, however caused, arising from any Assistance provided by Parental Hope. Recipients further assume all and complete risk of any activity done in violation of any rule, directive or instruction by Parental Hope. It is also understood that Parental Hope does not assume any responsibility for, or obligation to provide, Assistance to Recipients, including but not limited to, medical, health or disability insurance in the event of injury, illness, death or property damage.

3. Media/Photographic Release

In consideration for any Assistance provided by Parental Hope, Recipients hereby grant and convey permission for Parental Hope to use Recipients names, statement(s) and likenesses in any and all Parental Hope publications or advertisements in print, television, online (including without limitation, websites or pages on Facebook or other social media sites) and any other media, without compensation. This consent is irrevocable and is without payment. All such materials will become the property of the Parental Hope and will not be returned. Recipients waive the right to inspect or approve anything in which Recipients name, statement(s) or likeness appears. Recipients waive any right to royalties or other compensation arising or related to any use by Parental Hope.

4. Medical Treatment

By executing this Release, Recipients release and forever discharge Parental Hope from any claim whatsoever that may arise due to any first aid, treatment, or service rendered in connection with any Assistance provided by Parental Hope.

5. Confidentiality

All information Recipients provide Parental Hope will be kept confidential and will not be shared publicly without Recipients consent.

6. Other

Recipients expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Recipients agree that if any clause or provision of this Release is held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

7. Knowing and Voluntary Execution

RECIPIENTS HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. RECIPIENTS ARE AWARE THAT THIS IS A CONTRACT AND A GENERAL RELEASE OF ANY LIABILITY BETWEEN RECIPIENTS AND PARENTAL HOPE. RECIPIENTS SIGN THIS RELEASE OF THEIR OWN FREE WILL. BY SIGNING THIS RELEASE, RECIPIENTS CERTIFY THEY ARE AT LEAST EIGHTEEN YEARS OF AGE.

IN WITNESS HERETO, to express their understanding of this Release, both Applicant and Co-Applicant execute this Release as of the day and year first written above.

Applicant's PRINTED Name

Applicant's SIGNATURE

Date

Applicant's Address

City

State

ZIP

Primary Telephone Number

Additional Phone Number

Co-Applicant's PRINTED Name

Co-Applicant's SIGNATURE

Date

Co-Applicant's Address

City

State

ZIP

Primary Telephone Number

Additional Phone Number