

**RELEASE AND WAIVER OF LIABILITY**  
**ASSUMPTION OF RISK AND HOLD HARMLESS/INDEMNIFICATION AGREEMENT**

1. I release H.O.P.E. (including its officers, directors, employees, and volunteers) from, and agree not to sue H.O.P.E. for, any claim liability, or demand of any kind on account of personal injury, temporary or permanent disability, death, property damage, or other damages resulting from my use of H.O.P.E. services as provided by the H.O.P.E. staff, volunteers or affiliates, or other activities required through my participating with H.O.P.E.  
(Initial: \_\_\_\_\_)
  
2. I release all persons and organizations in association with H.O.P.E. (including their officers, directors, employees, and volunteers) from, and agree not to sue H.O.P.E. for, any claim liability, or demand of any kind on account of personal injury, temporary or permanent disability, death, property damage, or other damages resulting from my use of persons and organizations in association with H.O.P.E. services or other activities required through my participating with H.O.P.E.  
(Initial: \_\_\_\_\_)
  
3. I voluntarily assume all risks of personal injury, including temporary or permanent disability, death, property damage, economic losses and/or other damages from or in any way associated with my use of services or other activities with H.O.P.E.  
(Initial: \_\_\_\_\_)
  
4. I understand that H.O.P.E. is not a medical program.  
(Initial: \_\_\_\_\_)
  
5. I understand that H.O.P.E. services are in no way to be construed or substituted as psychological treatment or any other type of therapy or medical advice.  
(Initial: \_\_\_\_\_)
  
6. I understand that H.O.P.E. assumes no responsibility or liability for the actions or omissions of its clients and I hereby agree to hold harmless and indemnify H.O.P.E. for any and all risks, losses, damages, injuries or dangers related to services rendered by H.O.P.E.  
(Initial: \_\_\_\_\_)
  
7. I am at least eighteen (18) years of age and have a legal right to contract in my name.  
(Initial: \_\_\_\_\_)

**\*\*\*I HEREBY CONFIRM THAT I HAVE READ AND UNDERSTAND THIS RELEASE AND HOLD HARMLESS/INDEMNIFICATION AGREEMENT, I ACKNOWLEDGE AND AGREE TO ITS TERMS, AND I SIGN FREELY AND VOLUNTARILY.**

(Initial: \_\_\_\_\_)

**\*\*\*I acknowledge that this Release and Hold Harmless/Indemnification Agreement extends to all claims of any kind which i had or may have had against the parties released hereby, and that any party released hereby can raise this Release and Hold Harmless/indemnification Agreement as a complete defense to any claim or suit by or on behalf of the Claimant.**

(Initial: \_\_\_\_\_)

**\*\*\*I FURTHER UNDERSTAND AND ACKNOWLEDGE THAT H.O.P.E. CANNOT GUARANTEE SPECIFIC RESULTS OR WARRANTIES OF ANY KIND. SUBSTANCE USE DISORDER IS AN UNPREDICTABLE AND COMPLICATED DISEASE THAT YIELDS DISPARATE RECOVERY RESULTS.**

(Initial: \_\_\_\_\_)

**\*\*\*I UNDERSTAND THERE ARE NO REFUNDS OR WARRANTIES OF ANY KIND. SUBSTANCE USE DISORDER IS AN UNPREDICTABLE AND COMPLICATED DISEASE THAT YIELDS DISPARATE RECOVERY RESULTS. THEREFORE IT IS A COMMITMENT TO A PROCESS NOT A RESULT.**

(Initial: \_\_\_\_\_)

Signed in duplicate this \_\_\_\_\_ day of \_(month)\_\_\_\_\_, \_(year)\_\_\_\_\_.

\_\_\_\_\_  
CLIENT (Parent) Signature

\_\_\_\_\_  
H.O.P.E. Staff Signature

\_\_\_\_\_  
CLIENT (Parent) Signature

\_\_\_\_\_  
H.O.P.E. Staff Name