



VOLUNTEER ASSUMPTION OF RISK AND RELEASE

The undersigned has applied to volunteer for TriHealth, Inc. or one of its affiliates (“TriHealth”). While providing volunteer services, Volunteer understands that they are not compensated in any manner for their services and that they are not an employee or contractor of TriHealth.

By signing below, Volunteer acknowledges that he/she has read, understands and agrees to the following:

1. Assumption of Risk

Volunteer recognizes and acknowledges that there are certain risks to being a TriHealth volunteer, including, but not limited to, risks of obtaining communicable diseases or sustaining an injury. Volunteer fully appreciates these dangers. Volunteer further acknowledges that certain volunteer services may occur at a location which is not owned or controlled by TriHealth, and therefore certain dangers may be unknown.

Having knowledge of these dangers, and fully appreciating the risks involved, Volunteer voluntarily assumes the risks of being a TriHealth volunteer.

2. Release

Volunteer hereby releases and discharges, for himself/herself, his/her heirs, representatives and assigns, TriHealth, Inc. and all of its affiliates, including their successors, assigns, trustees, officers, employees and agents, from any and all claims, liabilities, or damages of any kind arising from these volunteer services.

Volunteer acknowledges that he/she is signing this document freely and voluntarily and without any coercion or any influence of any kind. Volunteer acknowledges that there have been no promises, representations, or inducements to signing the document.

Date

Printed Name of Volunteer

Signature of Volunteer or Legal Guardian*

Relationship to Volunteer (if applicable)

*If Volunteer is under the age of 18, this form must be signed by Volunteer’s parent/ legal guardian