

Liability Release/Waiver & Indemnity Agreement

I, the undersigned, on my behalf and on behalf of my heirs, executors, administrators, next of kin, successors, affiliates, and assigns, all of whom shall be legally bound by this release and waiver, in consideration for the right to volunteer my work or services for His Helping Hands Automotive, Inc. (hereby referred to as "HHHA"), hereby knowingly intentionally, purposively, freely, voluntarily and without duress agree as follows:

The undersigned acknowledges that he/she/they is familiar with the risks and liabilities associated with the undersigned's volunteer work or services for and/or at HHHA. **The undersigned is prepared to, and does, hereby accept any and all risks, whether known or unknown, which may arise directly or indirectly from the undersigned's volunteer work or services for or at HHHA.** The undersigned understands that he/she/ they is not an employee of HHHA and, therefore, is not covered by HHHA's workers' compensation insurance.

In completing and submitting this form, to the extent permitted by Oklahoma law, the undersigned hereby agrees to indemnify, defend, hold harmless, and covenants not to sue HHHA, its officers, employees, successors, assigns, legal representatives, organizers, sponsors, supervisors or affiliates of its activities (the "Indemnified Parties"), from any and all losses or expenses of any kind, civil penalties, crimes, and causes of action (including cost for defense, settlement, and attorney fees) arising from or related to (1) death or bodily injury to any person, (2) destruction, damage, loss or theft of any property, (3) any violation of any law or (4) any other claim, cause of action arising from or by reason of personal injury, whether caused by the actual or passive negligence of the Indemnified Parties, or arising from or in any way connected with the undersigned's volunteer work or services for HHHA.

THE UNDERSIGNED UNDERSTANDS THAT BY SIGNING THIS RELEASE, HE/SHE/THEY IS GIVING UP HIS/ HER/ITS LEGAL RIGHT TO SUE THE INDEMNIFIED PARTIES AND/OR TO SEEK COMPENSATION FROM THE INDEMNIFIED PARTIES FOR ANY INJURIES AND/OR DAMAGES INCURRED BY THE UNDERSIGNED AS A RESULT OF THE NEGLIGENCE OF THE INDEMNIFIED PARTIES, THE UNDERSIGNED'S VOLUNTEERING FOR OR AT THE FACILITIES, AND/OR ANY RISKS ASSUMED BY THE UNDERSIGNED.

The undersigned grants permission to HHHA, and its corporate partners, to use, without cost or approval, any photographs, videos, or audios taken of the undersigned while the undersigned is volunteering/participating in HHHA activities.

This release and waiver shall be governed by and construed in accordance with the laws of the State of Oklahoma. In the event that any provision of this release and waiver shall be held invalid, illegal or unenforceable under applicable law, the remainder of the release and waiver shall remain valid and enforceable.

If the undersigned is under eighteen (18) years of age, then the signature of a parent or authorized guardian is required.

The undersigned has read and voluntarily signs this release and waiver of liability agreement in its entirety. Unless approved in writing by a representative of HHHA, no alterations to this liability release/waiver form shall be considered valid, regardless of when such alterations were added. The undersigned's signature on this release/waiver of liability means that he/she/they agree to all of the terms and conditions set forth herein.

Signature: _____ Date: _____

Printed name of above: _____

Name of Youth under 18: _____ Youth's Date of Birth: _____

I certify and represent that I am the guardian or parent of the named party above, and on his or her, and my own behalf, have read this Release and fully understand and voluntarily agree to all of the terms and conditions set forth herein.

Signature of Parent/Guardian of any Youth above: _____

Date: _____