**Participant Release and Waiver of Liability Form**

This Release and Waiver of Liability (the “release”) executed on \_\_\_\_\_\_\_\_\_\_\_\_\_ (date) by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Participant”) releases Engineers Without Borders (Hong Kong) Ltd. or EWB-HK, a non-profit and approved charitable organization in Hong Kong and existing under the laws of Hong Kong Special Administrative Region and each of its directors, officers, employees, and agents. The Participant desires to participate into the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(hereafter “Programme”) and provide volunteer services for pro bono basis and engage in activities related to serving as a volunteer.

Participant understands that the scope of Participant’s relationship with EWB-HK is limited to a participant and volunteer position and there is no compensation is expected in return for services provided by Participant; that EWB-HK will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage (in addition to the Group Travel Insurance for the Programme) in the event of personal injury or illness as a result of Volunteer’s services to EWB-HK.

1. Waiver and Release: I, the Participant, release and forever discharge and hold harmless EWB-HK and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to EWB-HK. I understand and acknowledge that this Release discharges EWB-HK from any liability or claim that I may have against EWB-HK with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to EWB-HK or occurring while I am providing volunteer services.
2. Insurance: Further I understand that EWB-HK does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of EWB-HK beyond what may be offered freely by EWB-HK in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge EWB-HK from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with EWB-HK.
4. Assumption of Risk: I understand that the services I provide to EWB-HK may include activities that may be hazardous to me including, but not limited to site investigation, site survey, visit to local household and visit activities. As a Participant, I hereby expressly assume risk of injury or harm from these activities and Release EWB-HK from all liability.
5. Photographic Release: I grant and convey to EWB-HK all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by EWB-HK in connection with my participation and providing volunteer services to EWB-HK.
6. Other: As a Participant, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the Hong Kong Special Administrative Region and that this Release shall be governed by and interpreted in accordance with the laws of the Hong Kong Special Administrative Region. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.
7. It is expressly provided that the Contracts (Rights of Third Parties) Ordinance (Law of Hong Kong, Chapter 623) shall not apply to this Agreement and mothering herein will create rights under the said Ordinance.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

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Signature (Or parent/guardian if under 18): Date:

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_