

“HOME AWAY FROM HOME” PROGRAM
RELEASE AND LIABILITY WAIVER

1. I _____, volunteer to participate in the “Home Away from Home” Program. I understand that foreseeable and unforeseeable risks and dangers may arise from the negligence, misconduct, malfeasance, or tortious actions of Program participants, which might lead to personal injury, property damage, or death. I understand that my execution of this Release and Liability Waiver is a prerequisite for voluntary participation in the Program.

2. I do hereby forever waive all claims of liability and release all United States Army entities to include, Fort Riley, the 1st Infantry Division, and all affiliated units and commanders from all civil liability, claims, and lawsuits which may arise from my participation in the Program or from the negligence, misconduct, malfeasance, or tortious actions of Program participants.

3. I do hereby agree to assume full responsibility for my safety and indemnify, save, hold harmless, and defend the Government of the United States, its departments, agencies, employees, officers, and agents acting officially or otherwise, from any and all liability, claims, demands, and actions that may occur, resulting from my participation in the Program. This Release and Liability Waiver shall bind all of my heirs, successors, and assigns.

4. I understand that my acceptance into the Program is subject to review by the Board of Directors in accordance with Program’s by-laws.

5. I agree to the release of personal information provided by me in the Program’s Host Family Questionnaire only to the Program’s Board of Directors and the participating sponsored Soldiers.

6. This Release and Liability Waiver shall NOT affect my ability to personally sue, file claims against, or file police reports concerning the Soldier that I sponsor.

7. I hereby acknowledge that I have read and understand the foregoing, and voluntarily agree to its terms.

8. I hereby acknowledge that submission of this form allows the HAFH program to conduct an NCIC background check on myself.

Name

Signature

Date: _____