

VOLUNTEER LIABILITY WAIVER

I, _____, acknowledge that I am participating as a volunteer with Vision Help International Care Foundation ("the Organization"). In consideration of being permitted by the Organization to participate in its activities and programs, I agree to the following:

Assumption of Risk: I understand and acknowledge that the volunteer activities I undertake with the Organization may involve certain risks, including but not limited to physical injury, property damage, or other losses that may arise from my participation.

Release of Liability: I release and discharge the Organization, its directors, officers, employees, and agents from any and all claims, demands, causes of action, and liabilities, which may arise out of or in connection with my participation in volunteer activities, even if such claims or liabilities arise out of negligence or fault on the part of the Organization.

Medical Treatment and Insurance Responsibility: I understand that any medical treatment or care required during my participation in volunteer activities is solely my responsibility. I agree to secure international medical and insurance coverage that adequately covers me during the entire period of my volunteer service with the Organization.

Volunteer Responsibility: I agree to follow all instructions, safety guidelines, and policies provided by the Organization during my volunteer work and understand that failure to do so may result in my removal from the volunteer program.

Photographic Release: I grant the Organization the right to use my likeness in photographs, video recordings, or other media for promotional purposes without compensation or further consent.

I have carefully read this Volunteer Liability Waiver and fully understand its contents. I acknowledge that I am giving up substantial legal rights by signing it, and I do so voluntarily and without any inducement or assurance of any nature.

Volunteer's Printed Name

Volunteer's Signature

Date

Bank Account Details (Philippines)

Vision Help International Care Foundation, Inc.
Banco De Oro (Rizal-Cainta Primark Branch)
Account No.: 005080246201
Swift Code: BNORPHMM
Routing No.: 0210 0001 8

Contact Details in the Philippines

Vision Help International Care Foundation
No. 10 Pugala Road, Sitio Pugala,
Bgy. Lagundi, Morong,
Rizal Philippines 1960
Office: +63 917 159 2308
Email: info@vhlc.org

Contact Details in Germany

Vision Help Stiftung
Postfach 140101
28808 Bremen, Germany
Office: +49 4221 298 20 04
Email: mail@vhlc.org

Bank Account Details (Germany)

Vision Help International Care Foundation Stiftung
Bank: Evangelische Bank
IBAN: DE13 5206 0410 0005 0289 30
BIC: GENODEF1EK1