

**MOMSBLOOM, INC., RELEASE AND WAIVER OF LIABILITY—FAMILIES**

The following individuals desire the services of a MomsBloom, Inc., volunteer:

\_\_\_\_\_ (collectively, "Family").

Family understands that MomsBloom, Inc. ("MomsBloom"), is a non-profit organization that arranges for volunteers to provide assistance to Family in its home. Family understands that MomsBloom volunteers are volunteers from the community and are not certified or licensed professionals. Family understands that MomsBloom volunteers are not to perform any medical tasks (including taking temperatures, administering medicine, etc.) or make any medical diagnoses. Family agrees that there will be at least one adult Family member in the home at all times that the MomsBloom volunteer is in the home (*i.e.*, MomsBloom volunteer is not to be left alone in the house to babysit).

Family agrees to waive, release, hold harmless, indemnify, and forever discharge, MomsBloom and its respective affiliates, officers, directors, agents, members, employees, volunteers, successors, and assigns from any and all actions, causes of action, claims, demands, damages, and liabilities of any kind and nature, known or unknown, which Family now has or might or could hereafter have for any injury, illness, damage, or other loss to Family which relates in any way to services provided by MomsBloom.

By signing this agreement, Family acknowledges that this waiver and indemnification agreement has been freely and voluntarily made after careful review of all the terms and provisions hereof and agrees that this waiver shall not be subject to rescission or nullification at any time hereafter. This agreement must be signed by each adult member of the Family's household before MomsBloom will agree to provide any volunteer services to Family. The signature of adult members of the Family's household shall also act as a release on behalf of all children in the Family's household as parent or guardian for such children.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name:  
Address:  
City, State, Zip:  
Phone:  
E-mail:

Date: \_\_\_\_\_

\_\_\_\_\_  
Name:  
Address:  
City, State, Zip:  
Phone:  
E-mail: