## **RELEASE FORM**

| I       | (first name)(last name)(father's  |
|---------|---|
| name)   | (mother's name), [Your Occupation]  |
| Passpo  | ort No  |
|         | у   |
|         | assport Issued Date Passport Expires  |
| Your h  | ome address:  |
| Street  | Address   |
| Town_   | State/County  |
| Countr  | y Zip Code  |
| I hereb | y declare that:   |
| F       | I acknowledge that I have voluntarily applied to serve as a volunteer for the Starfish oundation, a nonprofit organization located in Lesvos, Greece.   |
| A.      | All the work that I will do for the non-profit Starfish Organization, here in Mithymna-Lesvos is voluntary and unpaid. My work here is for the following length of time to I am here working specifically for the purpose of addressing   |
|         | the refugee crisis on the Island of Lesvos.   |
| B.      | There is no contractual relationship, service, employment, payment or re-numeration of any kind between myself, that I have now or will have with the above mentioned organization, nor do I have such a relationship with any other organization here on the Island.   |
| C.      | I understand that serving as a volunteer involves physical activity, interactions with other volunteers and refugees of unknown or unconfirmed origin, and numerous risks, including serious injury and death. I am prepared to assume the risks associated with this service, including, without limitation, physical exertion, hazardous environmental and weather conditions, accidents, forces of nature, and the actions of persons with or without affiliation the Starfish Foundation or the service to be rendered.   |
| D.      | I further hereby release and discharge the Starfish Foundation and its agents and employees from and against any and all liability, including for any losses, damages or injuries, arising from my service as a volunteer with this organization. This includes expenses or any insurance coverage that may arise in the event of any accident or illness (for example). I certify as the signer of this document that I am responsible for all expenses that will arise in those circumstances as well as any insurance coverage that pertains to my travel to and from this Island, and it being my intention to fully assume all risk of my service and to release the Starfish Foundation from any and all liabilities to the maximum permitted by law. |
| A.      | I agree to take full responsibility for my own actions, safety and welfare. I also understand that I will be a member of a group and will conduct myself in a way that will not endanger the group or myself. I represent that I am physically fit to serve as a volunteer; if this is not so, I may be removed from service at any time without recourse against the Starfish Foundation.  |
| E.      | Starfish has fully informed me of the scope of my volunteer work here, and that I have read and agree with the Health and Safety Rules, the behaviour rules outlined in the Code of Conduct, and the Grievance Policy.  |

- F. I will faithfully follow the instructions that I have been given by the above mentioned non-profit organization as regards my behaviour toward refugees and migrants arriving in their various facilities and the scope of the organization in each location.
- G. I accept fully and unconditionally the right of the above non-profit company to terminate my volunteer status with them at any time and for any reason as well as for any affiliated organizations they might work with.
- H. Any property or materials given to me by the Starfish organization will be returned to it should my volunteer work with them end.
- I. I grant full permission for the Starfish Foundation to use photographs, videotapes, motion pictures, recordings or any other record pertaining to the its work on Lesvos, including those in which I appear.
- J. I will obey all the laws of Greece and comply with all the laws, provisions, and orders of the State Institutions by showing due respect to the citizens of the Island, to all refugees, and immigrants not only with those that are working with Starfish but also any other affiliated organizations who are also providing humanitarian assistance to on the Island.
- K. I understand that I won't receive special immunity in Greece because of voluntary work on the Island of Lesvos and that I am subject to the jurisdiction of the Greek Authorities and Tribunals should there be any misconduct on my part during the time I am here on the Island of Lesvos.

| BY AFFIXING MY SIGNATURE TO THIS FORM, I ACKNOWLEDGE THAT I HAVE READ AN | D |
|--|---|
| CONSENT TO THE ABOVE.  |   |

| Mithymna | Lesvos | , | 201 | 6 |
|----------|--------|---|-----|---|
|          |        |   |     |   |

Signature of Volunteer