

847-754-5770

marshmallowshope@gmail.com

www.marshmallowshope.org

1280 S. Alpine Rd. Rockford, IL 61108



I hereby commit to fully participate in the Project 4114 Application Process with Marshmallow's Hope. I hereby hold harmless Marshmallow's HOPE Nonprofit Organization Corp., including the Board of directors, board members, staff, volunteers, or any member of the family of my mentee from all potential liability resulting from negligence or any other action not deemed willful or wanton, and from all actions or claims that may result now or hereafter in damage or injury to me, or to any person or property resulting from the negligence or other similar acts of any Board of Directors, board members, staff, volunteers, mentees, or their families in connection with my participation in the HERO Mentor program or any activities held by or associated with the organization. I agree to be photographed and my photo be used for any media purposes.

Veteran Information

First Name:

Last Name:

Email:

Date:

Address:

Phone:

Release of Liability

I fully give my authorization to participate in the Project 4114 Application and hold harmless on behalf of myself, my spouse, or any family member's, close relatives, or friends, Marshmallow's HOPE Nonprofit Organization, Board of Directors, Board members, staff, mentees, and volunteers. I assume any risk of harm or injury, not to include that which occurs by way of a willful or wanton action, which may occur to me during the participation in the Program and any other activity or event participation of the Organization. I authorize the use of my photo to be used in the media in relation to anything Marshmallow's Hope related.

Signature:

Date: _____

Board Member Signature:

Date: _____

Relationship:

Title: