

**Personal Event Participation Waiver and Release**

I, _____, hereby confirm that I wish to participate in the event identified below that is being sponsored by Homes For Our Troops, Inc. ("HFOT") and that I am voluntarily signing this Event Release and Waiver (this "Release"). The event (the "Event") to which this Release relates is:

_____.

Assumption of the Risk: I understand that my participation in the Event may well include activities that can be hazardous, including, but not limited to, loading and unloading, and transportation to and from the work sites. I hereby acknowledge that I am voluntarily participating in the Event and expressly and specifically assume the risk of injury or harm that may result from my participation in the Event.

Release and Waiver: I hereby release and forever discharge and hold harmless HFOT and its officers, directors, employees and agents, and their respective heirs, representatives, successors and assigns (collectively the "HFOT Releasees") from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in the Event.

I understand that this Release discharges all of the HFOT Releasees from any liability or claim that I may have against any of them with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in the Event, regardless of the cause, even if caused by the negligence of HFOT or any other HFOT Releasee or otherwise.

I also understand that neither HFOT nor any other HFOT Releasee assumes any responsibility for or obligation to provide financial assistance or other assistance, in the event I suffer any injury, illness or other harm as a result of my participation in the Event.

Medical Treatment: I also release and forever discharge all of the HFOT Releasees from any claim whatsoever which arises or may hereafter arise on account of any first aid or other treatment or service rendered in connection with my participation in the Event. I acknowledge that I have been advised to confirm that my activities are covered by my own medical or health insurance.

Photographic Release: I also hereby grant and convey unto HFOT all right, title and interest in any and all photographic images and video or audio recordings made by HFOT or its employees or agents during the Event, and acknowledge that I am not entitled to receive any compensation, royalties, proceeds or other benefits as a result of the use by HFOT of any such photographs or recordings.

Governing Law and Interpretation: I agree that that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts, without giving effect to its conflicts of laws principles. I further agree that this Release is intended to be as broad and inclusive as permitted by the laws of said Commonwealth and that, in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable to the fullest extent legally possible.

Signature of Participant

Date: _____

