

## RELEASE FORM

As a resident of ***Hosea's House***, I hereby release the staff, management and volunteers of ***Hosea's House*** of all responsibility relating to the health and good will of myself and/or my child(ren).

Should I or my child(ren) have a medical problem, I hereby acknowledge that I, not the staff, management and/or volunteers of ***Hosea's House***, am fully responsible for all care, medical or otherwise, that may be required. I agree that no responsibility for my health or my child(ren)'s health as a result of our residency here will be placed on this ministry, its workers and/or its volunteers.

I accept full responsibility for my own care as well as that of my child(ren) both medically and generally during my residency at ***Hosea's House***.

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Resident

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Witness

Date \_\_\_\_\_