

Angels List Inc.
Service Provider Agreement and Release of Liability

Angels List requires the Angel volunteering and the recipient to each have a friend present at the first visit in order to make sure there is a connection, a sense of comfort and security. If you are providing body work you may need to have written or verbal confirmation from a doctor to determine that the treatments you are providing are okay _____. This information may be necessary, for instance if you are receiving body work. You may need to have written or verbal confirmation from your doctor, that services being provided by an Angel are okay_____ initial.

Angels List Inc. is an organization that maintains a web site, 'www.Angelslist.org' which is dedicated to linking people who will provide various services (hereinafter referred to as 'Service Provider') to cancer patients (hereinafter referred to as 'Service Recipient') on a volunteer basis, and free of charge to the Service Recipient. These services may include, but are not limited to such services as: Driving the Service Recipients to appointments; Grocery shopping and/or running other errands, Walking dogs, Feeding cats; Light household cleaning; Cooking; Massage; Accounting; Tax Return Preparation; Legal Services; Psychological Counseling; or any other type of service that a person may require while undergoing treatment for, or otherwise feeling the effects of cancer in its many different forms.

Given the many different types of services that you, as a Service Provider, will perform, there are many different risks that may arise while performing such services. For example, if you attempt to assist a bedridden cancer patient to a bathroom, you may injure your back while helping to lift that person. Or, while providing a ride to a Service Recipient's Doctor's appointment or other errand, it is possible that there will be a car accident in which you, the Service Provider and/or the Service Recipient, are injured. If your driving was a contributing cause of the accident, you may be sued by any injured party, including the Service Recipient. By initialing in the space that follows, you are affirmatively indicating that your volunteer services may involve risks, some of which are foreseeable, some aren't. Provider Initials _____.

Therefore, in light of such risks, I, _____, hereby
(print name)

acknowledge that I have voluntarily applied to become a Service Provider and desire to have my contact information posted on the website provided by Angels List Inc. I am aware that by providing any type of service to the Recipient, I am doing so strictly on a volunteer basis. I am further aware that I may be injured or otherwise harmed while providing such service. Therefore, I do hereby for myself, my heirs, beneficiaries, executors, administrators, successors and assigns, voluntarily release, waive, relinquish and forever discharge any action or causes of action for personal injury, property damage, wrongful death, breach of contract, or other such cause of action or claim that I may currently have, or which may accrue in the future, against Angels List, Inc., and/or any of its respective directors, officers, employees, or sponsors, agents or anybody else associated therewith, for any and all damages and injuries that I may suffer or sustain

during the course of my providing any service to any Service Recipient. Provider Initials _____.

Further, I understand that if I cause or contribute to any personal injury, property damage, wrongful death, breach of contract, or other such cause of action or other harm to the Service Recipient, that Service Recipient may potentially file a lawsuit against me. By initialing in the space that follows, I affirmatively indicate my understanding that Angels List Inc. does not provide any insurance that may cover any such injury or other losses that I may be alleged to have caused, nor will Angels List Inc. indemnify me in any way. Provider Initials _____.

Dated: _____

By: _____
(signature of Service Provider)

By: _____
(Print name of Service Provider)

So Accepted:

Dated: _____

By: _____
(Signature of authorized representative of Angels List, Inc.)

Please e-mail your form to Angelslist.org as well as fax it to 805--564-4314