



### Sponsor Family Waiver of Liability

I, \_\_\_\_\_, have decided to sponsor a family from the San Diego Migrant Family Shelter operated by JFS. I understand that the following support is important while the family is in my care:

- Provision for the physical and mental well-being of the family, including but not limited to, food, shelter, clothing, education, medical and other services as needed.
- Assistance to the migrant family in presenting at all future proceedings before Immigration Customs Enforcement and the Immigration Court. For immigration case information contact the Executive Office for Immigration Review’s case information system at 1-800-898-7180.
- Assistance to the migrant family in notifying the U.S. Citizenship & immigration Service within (10) ten days of any change of address, by filing an Alien’s Change of Address Card (AR-11) or electronically at: <https://egov.uscis.gov/coa/displayCOAForm.do>
- Notification to local law enforcement or your state or local Child Protective Services if any minors in the house have been or is at risk of being subjected to abuse, abandonment, neglect, or maltreatment or if you learn any minor has been threatened, has been sexually or physically abused or assaulted, or has disappeared. Notice should be given as soon as it becomes practicable or no later than 24-hours after the event or becoming aware of the risk or threat.
- Notification to the National Center for Missing and Exploited Children at 1-800-843-5678 if any minor in the household disappears, has been kidnapped, or runs away. Notice should be given as soon as it becomes practicable or no later than 24-hours after learning of the minor’s disappearance.

I, \_\_\_\_\_, understand the release of the aforementioned family from the JFS Shelter to your care does not grant the family any legal immigration status and the family must present for immigration court proceedings.

I, \_\_\_\_\_, will not share any confidential information, including the address or location of the JFS Shelter. I further understand that I will take all necessary steps to keep confidential, sensitive information regarding the sponsored family.

### Release and Waiver of Liability

In consideration for participation in voluntary family sponsor activities and all related events and activities, including any activities incidental to such participation (collectively, “family sponsor activities”)I, the undersigned on behalf of myself, my next of kin, heirs and representatives, do hereby release from all liability and agree not to sue JFSSD or its officers, directors, employees, sub-contractors, sponsors, agents, affiliates and volunteers from any and all claims for bodily injury and physical or mental illness including disability, paralysis and wrongful death, and/or property damage, and economic or emotional loss that Sponsor may have arising out of participation in the activities



wherever, whenever, or however the same may occur. I agree to indemnify and hold JFSSD harmless from any and all claims, including attorney’s fees and loss or damage to personal property, that may occur as a result of participation in family sponsor activities.

Voluntary Activity: Sponsor understands that the scope of the family sponsor connection support is limited and that no compensation is available in return for services provided by the Sponsor; that JFSSD will not provide any benefits traditionally associated with employment to the Sponsor; and that Sponsor is responsible for insurance coverage in the event of personal injury or illness as a result of participation in family sponsor activities. I expressly waive any such claim for compensation or liability on the part of JFSSD.

Assumption of Risk: Sponsor is voluntarily participating and understands that such activities may be hazardous to Sponsor including, but not limited to risks associated with traveling to and from Sponsor activities, physical or psychological injury, pain, illness, temporary or permanent disability and/or death, emotional loss, economic loss and property damage. Sponsor understands that these injuries or outcomes may arise from Sponsor or other’s actions, inaction, or negligence; conditions related to travel; or the condition of the activity location(s) or equipment.

Sponsor represents that, to his/her knowledge, they suffer no physical impairment that would or should prevent participation in family sponsor activities. Sponsor hereby releases and forever discharges JFSSD from any claim whatsoever which arises or may hereafter arise on account of any medical services rendered in connection during tenure as a voluntary sponsor family.

\_\_\_\_\_  
Signature (Sponsor)

\_\_\_\_\_  
Name (Sponsor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
*--For Official Use--*

JFS Staff Member Review/Approval

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Date