



Waiver of Liability SPONSORED GUEST

I, _____, do not have a point of contact or family in the U.S. and am seeking placement with a sponsor family.

I, _____, understand that once I leave the JFS Migrant Family Shelter I will not be able to return to the shelter and continue to receive services offered at the JFS Migrant Family Shelter. I also understand that JFS and SDRRN are not responsible for my family after I leave the shelter.

I, _____, understand that after leaving the JFS Migrant Family Shelter, it will be important for me to do the following:

- Attend 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.
- Notify 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>
- Notify 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.
- Notify 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 that my family's release from the JFS Migrant Family Shelter to a sponsor family does not grant my family any legal immigration status and that my family must present for immigration court proceedings.



I, _____, will not share any confidential information, including the address or location of the JFS Migrant Family Shelter. I further understand that I will take all necessary steps to keep confidential, sensitive information regarding my sponsor.

Release and Waiver of Liability

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: I expressly waive any such claim for compensation or liability on the part of JFSSD.

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

Sponsored family represents that, to his/her knowledge, they suffer no physical impairment that would or should prevent participation in family sponsor activities. Sponsored family 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 sponsored family.

This information has been provided to my family and I in our native language, verbally.

_____	_____	_____
Name (Sponsored Family HoH)	Signature (Sponsored Family HoH)	Date
	—For Official Use—	
_____	_____	_____
Staff Name	Staff Signature	Date

