

**The Helike Project
Waiver and Release Form for Volunteers**

To: Prof. Dora Katsonopoulou, Director, The Helike Project

Re: Helike Project field & lab work, Achaia, Greece, July/August 2024

As a volunteer for the Helike Project, I understand that the Organizers of the Project do not provide insurance coverage for any medical care that I may need due to the hazards associated with the Project. Such hazards include, but are not limited to, accidents arising from transportation and excavation, insect or animal bites, and illness. I hereby assume any and all inherent risks and hazards associated with this activity.

I further agree to be financially responsible for any medical bills incurred by me as a result of any required medical treatment.

I further agree on behalf of myself, and dependents, heirs, executors, administrators, and assigns, to release and hold harmless the Helike Project, the Helike Society, and any of their officers or representatives from any and all liability for injuries or death; for the loss of or damage to my property; or injury or property damage to others caused by me, however occurring, during any portion of, or in relation to, the above described research Project.

Signature _____

Date _____