

(NAME AND ADDRESS OF CHURCH)

**Volunteers' Waiver, Release, and Indemnity Agreement**

Date & Location: \_\_\_\_\_  
Activity or Event: \_\_\_\_\_  
Volunteer's Name: \_\_\_\_\_  
Volunteer's Address: \_\_\_\_\_  
Volunteer's Phone Number: \_\_\_\_\_

As a condition of my being allowed to volunteer my services and time for the above-referenced church/school, I hereby voluntarily and absolutely release and discharge the above-referenced church/school, and its constituent organizations and their officers, agents and employees, from any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death that I may suffer as a result of my volunteering at the above-mentioned church/school, or by the use of facilities or equipment; whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individual named above. I agree to abide by the rules and regulations governing the above-mentioned church/school and to obey any instructions given by the person or persons having supervision and control over my position.

I will indemnify and hold harmless the above-referenced church/school and its officers, agents, servants or employees from any and all claims or causes of action by myself or by any other person or entity, and under no circumstances will present any claims against said organization and said persons for personal injury, property damage, wrongful death caused by any act of negligence by the church/school.

I agree that in the event of an injury to myself as result of my volunteering at the church/school, whether or not caused by the negligence (active or passive) of the church/school, or any of its agents or employees; recourse for the payment of any hospital, medical, dental, or related costs and expenses will be paid either by me or my spouse, accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

I warrant and represent that I am eighteen years of age or over, and am fully aware of and understand the terms and legal consequences of the signing of this Waiver and Release. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

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Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

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Name & Phone Number of Primary Doctor \_\_\_\_\_

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Health \_\_\_\_\_