



E-mail completed forms to your Waterfront staff contact or bring your completed form when you volunteer. A signed Release of Liability is required for each volunteer.

RELEASE OF LIABILITY

I AM AWARE that volunteering for the Waterfront Rescue Mission, Inc. involves risks of personal injury, property damage, and other risks associated with volunteer service.

I RELEASE the Waterfront Rescue Mission, Inc. and this organization's agents, employees, Board of Directors, and organizers of the Waterfront Rescue Mission events, from liability for any loss, damage, and claims, including attorney fees, on account of injury to me or my property arising directly or indirectly from volunteering.

I HEREBY HOLD HARMLESS the Waterfront Rescue Mission, Inc. and project organizers from any and all claims, actions, or damages relating to or arising out of any activity related to volunteering for the Waterfront Rescue Mission events.

These releases are effective for me, my personal representatives, assigns, and heirs.

I KNOW that if I become injured while participating in the Waterfront Rescue Mission events, I am responsible for my healthcare expenses, and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.

I ASSUME FULL REPSONSIBILITY FOR any and all claims and costs (including my own) arising directly or indirectly out of activities, acts, or omissions while volunteering with the Waterfront Rescue Mission events.

I FURTHERMORE give any organization involved with the Waterfront Rescue Mission permission to photograph me. I understand that the Waterfront Rescue Mission has permission to use these photographs/videotapes for publicity purposes, unless written notice is received to the contrary.

I CERTIFY that the statements made in this volunteer release are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THE RELEASE AND INDEMNITY AGREEMENT.

PRINT NAME OF VOLUNTEER: _____

SIGNATURE: _____ DATE: _____

A Parent or Guardian must sign if under age 18 at time of signature.

Check if the above was signed by a parent/guardian.

If so, name of parent/guardian (printed): _____ Relationship to volunteer _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Would you like to begin receiving Waterfront Rescue Mission updates? ___ by e-mail ___ by mail ___ no thanks