



# VOLUNTEER WAIVER

(PLEASE PRINT LEGIBLY)

LAST NAME		FIRST NAME		M.I.	IF UNDER 18 D.O.B. / /
HOME/MAILING ADDRESS		CITY	STATE	ZIP CODE	
HOME PHONE NUMBER	CELL PHONE NUMBER		E-MAIL REQUIRED (Personal or Business - circle one)		
NAME OF GROUP YOU ARE PARTICIPATING WITH TODAY					
EMPLOYER and POSITION (This information helps with grant applications)				BUSINESS PHONE NUMBER	
EMPLOYER ADDRESS		CITY	STATE	ZIP CODE	
HOW DID YOU HEAR ABOUT US? (Friend? Web? Facebook?)					

## Agreement and Release From Liability

- Voluntary Participation. I, \_\_\_\_\_ (*please print name*), acknowledge that I have voluntarily applied to participate in this activity organized for the purpose of helping those in need.
- Assumption of Risk. I am aware that some of the activities that I may be involved in, at, or on behalf of The Midnight Mission may present certain unforeseen hazards. I further acknowledge and agree that I will utilize protective equipment and observe necessary precautions if I am required to perform any physical tasks such as lifting, bending, kneeling, etc. Despite any risks associated with my volunteer duties performed on behalf of The Midnight Mission, I am voluntarily participating in these activities with full knowledge of any dangers involved, and agree to accept any and all risks of injury or death, and verify this statement with my signature below.
- Release. As consideration for being permitted to participate in The Midnight Mission-related activities and use related facilities, I agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach property on account of injury or damage resulting from negligence, carelessness, or other acts, in whatsoever manner caused, by any employee, or agent, as a result of my participation in this volunteer program. I hereby release The Midnight Mission, its officers, agents or assignees from all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in this volunteer program.
- Knowing and Voluntary Execution. I have carefully read this Agreement and Release From Liability and fully understand its contents. I am aware that this is a release of liability and sign it of my own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer or Guardian)

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_