

Volunteer Waiver and Release

Participant: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Email Address: _____

Emergency Contact Name: _____ Telephone: _____

PLEASE READ CAREFULLY: In consideration of volunteering for Project MEND, Inc., I do hereby for myself, executors and administrators waive, release and forever discharge any and all rights and claim for damages, including any claims of loss, damages or injury to my person or property arising from my volunteer work for Project MEND.

Volunteer Waiver and Release of Liability

1. I acknowledge and agree that I must observe all federal, state and local laws and all rules, regulations and policies of Project MEND.
2. I recognize and acknowledge that there are certain risks of physical injury to volunteers providing and/or engaging in Volunteer Activities, and I voluntarily agree to assume the full risk of any and all injuries, death, damages, or loss regardless of severity, that in my minor child/ward or I may sustain as a result of said Volunteer Activities.
3. I acknowledge and agree that my participation may cease at any time at my request or at the request and discretion of Project MEND.

I HAVE READ, UNDERSTAND, AND ACKNOWLEDGE THIS RELEASE AND HAVE VOLUNTARILY EXECUTED THIS RELEASE.

I certify that I am legally an adult, 18 years of age or older and therefore able to volunteer with Project MEND. I acknowledge that no payment will be given to me for the services rendered.

Volunteer's Signature

Date

MEDIA RELEASE STATEMENT

By my signature on this form, I acknowledge receipt of this document and give my permission for Project MEND and its designee to make or use pictures, slides, digital images, or other reproductions of me and to put the finished pictures, slides, or images to use without compensation in productions, publications, on the web, or other printed or electronic materials related to the role and function of Project MEND for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Project MEND if any changes to my situation occur that will impact this media release permission.

I have read the above release and am aware of its contents.

Signed _____ Date _____

Printed Name _____

Address: _____

Phone: _____ Email: _____

DENIED MEDIA RELEASE