

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

NO CONCEALED WEAPONS POLICY

Effective immediately, Project MEND employees (full-time, part-time, temporary) and volunteers are not permitted to carry (either openly or in a concealed manner) any weapons, including firearms,

- while on any property owned, leased or controlled by Project MEND,
- while at customer, vendor, or other work locations on company business,
- while in company vehicles, or
- while acting as a company representative at any work-related activities, meetings, or functions.

This prohibition against the possession or carrying of weapons or firearms applies even if the employee or volunteer is licensed to carry a concealed handgun or to openly carry a handgun by the state of Texas. Employees and volunteers are permitted to transport and store in a safe and discreet manner a legal firearm and ammunition in a personal vehicle while the vehicle is in the employee parking area. This policy is intended to comply with all applicable state laws concerning employee and volunteer rights to possess and carry firearms and shall be interpreted and enforced accordingly.

Weapons include, but are not limited to, firearms of any kind, knives of any kind, regardless of the length of the blade, explosives, and any chemical whose purpose is to cause harm to another person.

Possession of a weapon can be authorized by Project MEND's CEO to allow security personnel or a trained employee to have a weapon on company property when this possession is determined necessary to secure the safety and security of company employees. Only the CEO, or her designee, may authorize the carrying or use of a weapon.

This is a zero-tolerance policy. Employees who violate this policy will be immediately terminated.

ACKNOWLEDGEMENT

I have read and understand the Project MEND No Concealed Weapons Policy.

Employee/Volunteer Signature

Date