

MISSION CHANGE MONTHLY MISSION PROJECTS

RELEASE AND WAIVER OF LIABILITY

THIS RELEASE AND WAIVER OF LIABILITY (the "Release") executed on this _____ day of _____, 20____, by _____ (the "Volunteer") in favor of MISSION:CHANGE, a Georgia nonprofit corporation ("M:C"), its directors, officers, employees and agents.

The Volunteer desires to work as a volunteer at M:C's headquarters, located in Albany, Georgia, and the activities related to being a volunteer. The Volunteer understands that the activities may include lifting, cleaning, constructing and rehabilitating residential buildings, working in the M:C's offices, in or around the Albany, Georgia area.

The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. Waiver and Release. Volunteer does hereby release and forever discharge and hold harmless M:C and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work at M:C in Albany, Georgia. Volunteer understands and acknowledges that this Release discharges M:C from any liability or claim that the Volunteer may have against M:C with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's work at M:C in Albany, Georgia, whether caused by the negligence of M:C or its officers, directors, employees or agents or otherwise. Volunteer also understands that, except as otherwise agreed to by M:C in writing, M:C does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

2. Medical Treatment. Except as otherwise agreed to by M:C in writing, Volunteer does hereby release and forever discharge M:C from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's work at M:C in Albany, Georgia.

3. Assumption of the Risk. The volunteer understands that the work at M:C in Albany, Georgia may include activities that may be hazardous to the Volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites. In connection thereto, Volunteer recognizes and understands that activities at M:C may, in some situations, involve inherently dangerous activities. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases M:C from all liability for injury, illness, death, or property damage resulting from the activities of the Volunteer's work at M:C in Albany, Georgia.

4. Insurance. The Volunteer understands that, except as otherwise agreed to by M:C in writing, M:C does not carry or maintain health, medical or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.**

5. Photographic Release. Volunteer does hereby grant and convey unto M:C all right, title, and interest in any and all photographic images and video or audio recordings made by M:C during the Volunteer's work at M:C in Albany, Georgia, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. Volunteer agrees that in the event that any clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer:

Name: (please print) _____

Signature: _____ Date: _____

Parent or Guardian Name: (please print) _____

Signature: _____ Date: _____

Witness: (must be 18 years or older)

Name: (please print) _____

Signature: _____ Date: _____

VOLUNTEER information:

Address: _____

Phone # : _____ email: _____

In case of emergency, please contact:

Name: _____

Relation: _____

Address: _____

Phone: (home) _____

(work) _____

The following information may be needed by any hospital or medical practitioner not having access to the Volunteer's medical history:

Allergies (**Medicine**, food, etc.): _____

Medication being taken: _____

Date of last tetanus shot: _____

Physical Impairments: _____

Other: _____

Personal Physician:

Name: _____

Address: _____

Phone: _____

Health Insurance Coverage:

Company: _____

Policy Number: _____

Insurance Agent: _____