

Volunteer Release and Waiver of Liability

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO PERFORMING ANY VOLUNTEER ACTIVITIES FOR SHARING HOPE MINISTRIES

I, the undersigned VOLUNTEER freely, voluntarily, and after reading carefully, execute this Volunteer Release and Waiver of Liability, on the date printed below, agreeing as follows:

Volunteer Status/Insurance: I understand and acknowledge that I am a volunteer, not an employee of Sharing Hope Ministries (SHM). As a volunteer, I am **not** entitled to employee and other benefits from SHM such as health or accident insurance, worker's compensation benefits, or compensation for duties performed or hours worked. I understand it is my responsibility to provide my own health, disability, liability or accident insurance to cover my claims or damages from any injury, illness, death or property damage I suffer while performing volunteer work for SHM.

Assumption of Risk/Release: As a volunteer of SHM, I understand that I will engage in hazardous work that involves a risk of illness, physical labor, heavy lifting, exposure to environmental hazards such as mold or inclement weather, and work on ladders, roofs or other elevated or damaged structures. I also understand that I may be provided equipment to use in performing volunteer activities which is dangerous to operate and can cause serious injury or death. I hereby assume all risks associated with performance of these activities and operation of this equipment and release and forever discharge SHM from any and all liability for claims or damages I might have that result from my work with SHM as a volunteer, and any related claims or damages arising from SHM's selection of work sites or activities, provision of food, lodging or transportation in connection with my volunteer duties. I understand that SHM is not responsible for the safety or security of my personal effects and release SHM from liability for theft, damage or destruction of my personal property.

Emergency Medical Care: I hereby consent to the provision or procurement by SHM of emergency medical care or first aid in the event I suffer any illness or accident while performing volunteer activities. I hereby release, discharge and hold SHM harmless from any claim related to the provision of such emergency medical care.

Code of Conduct: Teams should represent Jesus Christ in their attitudes, behavior, speech, dress and demonstrate love and kindness toward one another and those being served. At no time will foul language or unclean jokes be permitted. Teams should dress modestly in accordance with Christian standards for the tasks they are performing. Clothing should not be unduly tight or revealing. Examples of unacceptable clothing include: halter tops, bare midriff separates, short shorts, etc. While representing SHM, as a volunteer, we ask that you refrain from any use of alcohol or drugs.

Ministry Photographs and Video: I acknowledge and understand that while volunteering with SHM, my activities may be photographed or videotaped for use in newsletters, SHM website, Facebook page, Promotional literature or presentations. I hereby consent to the use by SHM and/or its authorized representative of photographs or videos in which I appear, and I acknowledge and agree that I have no ownership rights in or to those photographs or videos. I hereby release SHM, its agents and assigns from any claims that I may have relating to any photographs or videos, including without limitation, and claim arising under the right of publicity, right of privacy, defamation and/or copyright infringement. (In consideration of our Plain Groups, we would do our best to take photographs and videotape from a distance).

I do not consent to the use of photographs or videotape that I may appear in by SHM or it's authorized representative.

Volunteers Printed Name _____ Date _____

Address _____

***** *If under 18 years of age, signature of parent or guardian is needed.**

Person to contact in case of Emergency _____ Phone number _____

I wish to be put on the SHM Mailing List.

Please send newsletters to my E-mail address - _____

Email Address – **Print Clearly**