



## Volunteer Release and Wavier of Liability

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 Staus/Insurance.** I understand and acknowledge that I am a volunteer, not an employee of Christ In Action ("CIA"). As a volunteer, I am NOT entitled to employee or other benefits from CIA such as health or accident insurance, workers 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 CIA.

**Assumption of Risk/Release.** As a volunteer for CIA, I understand that I will engage in hazardous work that involves a risk of illness, physical injury, property damage, or death, from hard physical labor, heavy lifting, exposure to environmental hazards such as mold or inclement weather, and work on ladders, roofs or other elevated or damages 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 claims or damages I might have the result from my work with CIA as a volunteer, and any related claims or damages arising from CIA's selection of work sites or activities, provision of equipment, or provision of food, lodging or transportation in connection with my volunteer duties. I understand that CIA is not responsible for the safety or security of my personal effects and release CIA from liability for theft, damage or destruction of my personal property.

**Ministry Photographs and Videos.** I acknowledge and agree that, while volunteering with CIA, my activities may be photographed or videotaped. I hereby consent to the use of CIA 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.

**Emergency Medical Care.** I hereby consent to the provision or procurement by CIA 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 CIA harmless from any claim related to the provision of such emergency medical care.

### **VOLUNTEER:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**This form must be completed entirely before volunteer performing any volunteer activities for CIA**