



LIFE CHANGER MISSIONS

Changing Lives One House at a Time



Life Changer Mission Wavier & Release

Participant wishes to work as a volunteer in the project and project-related activities (the "Activities"). Participant assumes all risks relating to Participant's participation in the Activities. It is the sole responsibility of Participant to ensure that he/she is qualified to participate and to use safe worksite practices under the supervision of a Team Leader and/or other adult(s). By volunteering in the Activities, the Participant acknowledges he/she understands the rules and guidelines and will comply with all the rules and regulations, and if the Participant observes any unusual or unnecessarily hazardous during his/her service, the Participant will bring such hazard to attention of the nearest coordinator or project adult leader as soon as is practical. In consideration of Participant's opportunity to participate in the Activities, I, the undersigned Participant, (and, if Participant is a minor, I the undersigned Parent/Guardian) agree to the following: I understand the nature of the Activities and that some of these Activities may, by their nature, be risky, and at times, dangerous and I choose to voluntarily participate in the Activities with full knowledge that the Activities may be hazardous to me and my property. I acknowledge that the Activities may include such things as painting, roofing, installing doors, installing windows, building porches, constructing wheelchair ramps, conducting cleanup activities, scraping paint and removing debris from the work site and that these Activities have inherently dangerous elements and involve risks, including but not limited to climbing ladders, nailing nails, scraping paint, carrying heavy building supplies, using power tools and serving each day in sometimes extreme summer temperatures. I UNDERSTAND THAT THE ACTIVITIES INVOLVE RISKS AND DANGERS WHICH COULD RESULT IN SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH AND I ASSUME THE RISK OF INJURY, HARM OR DEATH. I know of no medical reason why I should not participate. I understand that I am not required to participate in the Activities and that if I am uncomfortable engaging in the activities I can stop at any time. I HEREBY VOLUNTARILY RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS FOR ANY AND ALL PURPOSES LIFECHANGER MISSIONS AND ANY AFFILIATE CHURCH, ASSOCIATION OR CONVENTION (COLLECTIVELY, THE "ORGANIZATION") AND ITS OFFICERS, SERVANTS, AGENTS, VOLUNTEERS, EMPLOYEES, SUCCESSORS AND ASSIGNS ("ORGANIZATION PARTIES") FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, CAUSES OF ACTION, INJURIES (INCLUDING DEATH), OR DAMAGES, INCLUDING COURT COSTS AND ATTORNEY'S FEES AND EXPENSES, THAT ARE CONNECTED WITH MY PARTICIPATION IN THE ACTIVITIES, WHILE TRAVELING TO AND FROM THE ACTIVITIES, OR WHILE ON THE MISSION SITE PREMISES WHETHER CAUSED BY THE NEGLIGENCE OF THE ORGANIZATION PARTIES OR OTHERWISE. I AGREE TO INDEMNIFY AND HOLD HARMLESS ORGANIZATION PARTIES FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, INJURIES (INCLUDING DEATH), OR DAMAGES, INCLUDING COURT COSTS AND ATTORNEY'S FEES AND EXPENSES, ARISING FROM ANY INJURY, PROPERTY DAMAGE OR



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DEATH THAT I MAY SUFFER AS A RESULT OF MY PARTICIPATION IN THE ACTIVITIES AND FROM MY GROSS NEGLIGENCE, RECKLESSNESS OR CRIMINAL CONDUCT. I understand that Organization Parties may need to respond to accidents and potential emergency situations and I hereby give my consent for any medical treatment that may be required during my participation in the Activities and the sharing of the information set forth in this document with the understanding that the cost of any such treatment will be my responsibility. I AGREE TO INDEMNIFY AND HOLD HARMLESS ORGANIZATION PARTIES FOR ANY COSTS INCURRED TO TREAT ME, EVEN IF AN ORGANIZATION PARTY HAS SIGNED HOSPITAL DOCUMENTATION PROMISING TO PAY FOR THE TREATMENT DUE TO MY INABILITY TO SIGN THE DOCUMENTATION. I FURTHER AGREE TO RELEASE, WAIVE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS FOR ANY AND ALL PURPOSES, ORGANIZATION PARTIES FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, INJURIES (INCLUDING DEATH), OR DAMAGES, INCLUDING COURT COSTS AND ATTORNEY'S FEES AND EXPENSES, THAT MAY BE SUSTAINED BY ME WHILE RECEIVING MEDICAL CARE OR IN DECIDING TO SEEK MEDICAL CARE, INCLUDING WHILE TRAVELING TO AND FROM A MEDICAL CARE FACILITY, WHETHER CAUSED BY THE NEGLIGENCE OF THE ORGANIZATION PARTIES OR OTHERWISE. I understand that the Organization may or may not maintain any insurance policy covering any circumstance arising from my participation in the Activities or any event related to that participation. I am aware that I should review my personal insurance coverage. I understand that I am not an employee of Organization and am not covered under Organization's workers' compensation insurance. It is my express intent that this agreement shall bind the members of my family and spouse, if any, if I am alive, and my heirs, assigns and personal representatives if I am deceased, and shall be governed by the laws of the associated State. I grant unto the Organization all right, title, and interest in any and all photographic images and video or audio recordings that are made by the Organization during my work with the Organization, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings. I expressly agree that this Waiver and Release is intended to be as broad and inclusive as permitted by the laws of the associated State, in the United States of America. I agree that in the event that any clause or provision of this Waiver and Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Waiver and Release which shall continue to be enforceable. In signing this Waiver and Release, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed. Organization has not made and I have not relied on any oral representations, statements or inducements apart from the terms contained in this Waiver and Release. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself from its terms and the associated risks of the Activities by simply not participating in the Activities.



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SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. IN WITNESS WHEREOF, Participant or Participant's parent(s) or legal guardian(s), as applicable, has read and executed this Release and Waiver as of the day and year set forth below. Complete and sign below (Participants who are minors per your state laws require Parent/Legal Guardian signature).

Participant's Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Parent/Guardian Phone: _____

Notary Acknowledgement:

State: _____ County of _____ On the ____ day of _____, 20____, before me _____, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing is true and correct. Witness my hand and official seal. I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Notary signature: _____

My commission expires: _____