

## **VOLUNTEER WAIVER**

VOI LINTEED	INFORMATION	

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Date of Signature

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Last Nan		First 1	Name	MI	
State	7in	Dhono	Cny		
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METROPOL	LITAN MINISTRIES VO	LUNTEER AGREEMENT A	AND RELEASE (AGREEMENT)		
of becoming informal array and those at r Ministries loc	homeless. Additionally, I was necessary to be the models of becoming homeless.	vish to volunteer my services at blitan Ministries and organization In consideration for allowing ming, and making available volur	various Metropolitan Ministries part ons in the community with similar or ne to participate as a volunteer at Met	ation whose mission is to help the homeless and those at their organizations. Partner organizations include formal complimentary missions focused on helping the homele tropolitan Ministries' and in consideration of Metropoli cations, I hereby agree and release Metropolitan Ministri	and ess tan
volunteer services serious person responsibility obligation to a volunteer part inherent in my medical or media, or as preproductions I hereby acknowledged to be involved.	vice and cannot be eliminated all injury and property dam for my safety or the safety inform or disclose any pote dicipants including staff or the safety participation as a volunte exhanical assistance, care, of fullest extent allowed by la Ministries and its partners, an Injuries and Damages in a ployees, agents, or those actions, and leaders from any ors, legal representatives, active Metropolitan Ministries late, copyright, or otherwised its partners. I understand part of an advertisement to part of an advertisement to provide the safety of the safety o	ed without destroying the uniquage ("Injuries and Damages") at of anyone who participates with a first of a first of anyone who participated a first of anyone with a first of a firs	the character of the experience. These and I acknowledge and agree that Meth me. I further acknowledge and agrejuries and Damages can occur by natification of negligence or due to other reasons. In this experience.  In the light was a compared to the reasons of the reasons of the reasons. In the reasons of the reasons o	inherent risks include, but are not limited to, the danger etropolitan Ministries and its partners assume no ree that Metropolitan Ministries and any partners have no tural causes or the conduct and activities of other person. I understand that the risk of such Injuries and Damages thropolitan Ministries and any partners will not provide a stropolitan Ministries and any partners will not provide a stropolitan Ministries and any partners will not provide a stropolitan Ministries and any partners, its office and Ministries and its partners, its officers, directors, stand and intend that this Agreement is binding upon my Metropolitan Ministries' permission, the right to reproduction with my participation as a volunteer at Metropolitar in the public media, including print, internet, or broad all rights, title or interest to any furnished products, here Policies. I agree to abide by all Volunteer Policies inteer Policies, including (but not limited to) the may result in legal action.  Devision or any part of any provision of this Agreement is ceed thereby and shall remain valid and fully enforceable and the strop of the shall remain valid and fully enforceable ceeds.	rs of o o ons, is is nny y cers, y s an d case
		is document in its entirety and l ding such risks, I agree to partic		d freely and voluntarily assume all risks of such Injuries	and
Expiration Signed copies	s of this waiver expire after	365 days.			
Participant's	Signature				
Parent/ Guard	lian's Signature				