



REDEEMER CHURCH, PCA, JACKSON MS
VOLUNTEER WAIVER, Release and Indemnity Agreement

I HEREBY acknowledge that I am willingly and voluntarily entering into a ministry venture with other volunteers, both skilled and unskilled, for the purpose of assisting people in a ministry context. I represent that I am acting in a strictly volunteer capacity and that I am paying my own expenses and providing my own insurance.

I understand and acknowledge that the work I will be involved in may at times be hazardous and I assume all risks associated with my involvement in this effort. I further acknowledge that accidents may occur on or around the work site and traveling to and from said site, involving motor vehicles, or tools and equipment. I understand that any motor vehicle in which I may be transported will be operated by licensed drivers, who may or may not be professional drivers.

I therefore waive, release, agree to indemnify and hold harmless Redeemer Church, PCA, Jackson MS, their agents, employees, representatives, and volunteers with whom I may be working from any and all liability claims, injuries, damages, losses, expenses of attorneys fees, actions or causes of actions which I have or may hereafter discover as a result of my participation in this ministry effort. I further waive/release, indemnify and hold harmless all parties herein and above mentioned from any claim, action, cause of action for damages, injuries or losses of any kind which my heirs, administrators, executors or assigns may attempt to assert on my behalf.

I further release all parties above mentioned for any losses or damage to vehicles, tools or equipment, which I may own and have used in connection with this ministry site. I understand that I am expected to provide my own insurance in case of accident, illness or injury and that Redeemer Church, PCA, Jackson MS does not provide insurance for volunteers. If you need assistance with insurance options, please contact slanier@redeemerjackson.com for some suggestions. Personal liability insurance is the responsibility of the volunteer. By my signature below I attest to the fact that I have adequate medical insurance for this trip.

I agree that I will not use my affiliation with Redeemer Church, PCA, Jackson MS to further my own 'for profit' business or business venture. I will further allow Redeemer Church, PCA, Jackson MS to use any photos taken of myself and, if applicable, my team for future publications.

Signed on this _____ day of _____, 20_____

Volunteer Worker's Signature

Volunteer Worker's Printed Name

NOTARIZED SIGNATURE OF PARENT IS REQUIRED IF VOLUNTEER IS UNDER AGE 18

Signature(s) of Parent/Guardian if Volunteer is Under Age 18

STATE OF _____, COUNTY OF _____

On this, the _____ of _____ 20_____, personally appeared before me _____.
To me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Notary Public

In and of the State of _____

My commission expires _____

CONTACT INFORMATION FOR VOLUNTEER

Mailing Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

In case of emergency notify: _____

Phone number(s) of above names: _____

In case of emergency notify (second contact): _____

Phone number(s) of secondary contact: _____

Insurance Carrier: _____

Policy and Group number(s): _____

Allergies, medical conditions we should be aware of: _____
