



faithbridge

Helping Hands | Faithbridge
Medical Release & Waiver

Name _____ Cell Phone _____

Email _____

Person(s) to be contacted in emergency: _____ Phone _____

I, _____, would like to participate fully in one of the following events:

_____ **HURRICANE HARVEY RELIEF EFFORT** _____ (hereafter referred to as "Activity").

RELEASE: In consideration of participation in the Church Activity, I agree, to fully and forever release, Faithbridge Church, its staff, officers, elders and trustees, volunteers, host homes, agents and employees (hereinafter collectively referred to as "Church") from any and all liability, claims, demands, damages, actions, or causes of action, whatsoever, belonging to me arising out of or relating to the Activity, regardless of cause, even if such cause is the result of Church negligence. This release covers everything that happens from the time I arrive at Church until my return home.

I understand that the Helping Hands Ministry seeks to perform low- or no-cost repair or maintenance services on residences/structures to those who have sought assistance. I expressly acknowledge that (1) I am not relying on Faithbridge to independently assess the skill, training, or competency of its volunteers for Helping Hands Ministry to perform the repair or maintenance services that I may be asked to perform as part of this volunteer program; and (2) Church has made no representation to me regarding the skill, training, or competency of other volunteers or paid Faithbridge staff with respect to their ability to perform the volunteer repair and maintenance services that may be performed.

CONSENT: To the best of my knowledge, I can fully participate in this Activity. I am aware of the risks and hazards connected with the Activity, and I hereby elect to voluntarily participate in said Activity, knowing that the Activity may be hazardous. I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury that I may sustain or any loss or damage to property owned by me, as a result of being engaged in such Activity, regardless of who caused the damage.

HOLD HARMLESS: It is my express intent that this release and hold-harmless agreement shall bind me, my heirs, assigns and personal representatives, the members of my family, and spouse (if any), and that it shall be deemed as a release, waiver, discharge and covenant-not-to-sue the Church. I hereby further agree to defend and indemnify the Church for any claim asserted or action brought against the Church arising out of or relating to my participation in the Activity, including but not limited to the Church's attorneys' fees. I hereby further agree that this waiver of liability and hold-harmless agreement shall be construed in accordance with the laws of the State of Texas.

MEDICAL COSTS: I understand and agree that the Church will not be responsible for any medical costs associated with any injury I may sustain.

RULES AND REGULATIONS: I further agree to become familiar with the rules and regulations of the Church concerning participant conduct and not to violate said rules of any directive or instruction made by the person or persons in charge of said Activity.

INSURANCE: I hereby acknowledge that I have adequate health and accident insurance to cover any personal injury to me that may be sustained during the Activity. If I do not have adequate health insurance, I agree that I, personally, will be responsible for any medical expenses incurred.

INFORMED AGREEMENT: I have reviewed this Agreement and am aware of the risks involved in participating in the Activity and the possible injuries that may occur. I freely and voluntarily agree to participate in the Activity. In signing this Agreement, I represent that I understand this Agreement and sign voluntarily as an act of my own free will. The Church has not made any oral representations, statements or inducements, apart from this Agreement. I am at least eighteen (18) years of age and fully competent to execute this Agreement.

Signature of Participant

Date