



VOLUNTEER LIABILITY WAIVER

My name is _____ and I wish to volunteer with the ministry of His Helping Hands by working in the _____ and/or _____ areas of work. I understand that this work may pose risks to me, including the risk of serious injury or death. In spite of this knowledge, I wish to volunteer, and hereby acknowledge my decision to assume those risks.

I do hereby certify that I am in good health and am physically capable of performing the work I am volunteering for.

In exchange for the opportunity to participate in this work, I do hereby agree (on my own behalf and on behalf of my family, heirs, executors, assigns, and representative) to forever discharge His Helping Hands, Central Christian Church, their officers, directors, employees, agents, and volunteers from any and all claims, demands, actions or causes of action which in any way may arise out of the above-noted work.

I have read and I understand the forgoing waiver. By signing this document, I am forever giving up any rights that I might have to bring claims against HHH (and any people or entities related to HHH) arising out of the work identified above.

Printed Name

Signature

Address

City, State, Zip Code

Telephone Number

E-Mail Address