

ADULT WAIVER OF LIABILITY

Volunteer Work: Pathfinder Mission at BridgeStone, Billingsley, Alabama

Volunteer's Name (please print legibly) _____

Church or Organization _____

Whereas the person listed above is to work on building or other things as requested.

Now therefore, Pathfinder Mission, Billingsley, AL, the volunteer managers; and I, the volunteer; agree as follows:

FIRST: Pathfinder Mission and the volunteer managers shall exercise every precaution to assure the welfare and safety of the said volunteer and agrees to take no extraordinary action pertaining to his/her welfare without consultation with the volunteer except when emergency conditions indicate that delay or lapse of time would adversely affect the best interest of the volunteer.

SECOND: The volunteer themselves represents Pathfinder Mission; and the site managers, that he/she is not now afflicted with any disorder, disease, allergy, or other form of malady that would adversely affect his/her participation in activities of volunteer work or the welfare of other volunteer workers.

THIRD: Pathfinder Mission and the volunteer and/or site managers do not assume responsibility for any loss of property or damage to the same, or for personal harm or illness that may come to the volunteer while engaged in the activities of the mission trip or while staying at the camp facilities.

FOURTH: Furthermore, for myself, my heirs, executors, administrators, distributes, and assigns, I agree not to commence or prosecute, and hold harmless the above Pathfinder Mission; and the volunteer managers; and to hold the these stated parties harmless in the event of the commencement of prosecution of, and demand, claim action, suit or proceeding which may be asserted against them with respect to any loss of property, damage to the same, personal harm, or illness that may come to the student or volunteer while engaged in the activities sponsored by the above Pathfinder Mission.

FIFTH: I understand that the above Pathfinder Mission does not assume any liability for any loss, damage, personal harm, or illness.

In witness whereof, I have set my hand this day, _____, 2010.

Signature of volunteer (over 18) _____

Address of volunteer _____

City/State/ZIP of volunteer _____

Cell Phone of volunteer _____ Work Dates: _____

(Arrival – Departure)

E-mail address _____

Skills: _____

(Electrical, Carpentry, Plumbing, Cooking, Roofing, Helper, etc.)

Known Allergies (food, medications, insect bites, etc.) _____