CORNERSTONE COMMUNITY OUTREACH
Volunteer Release and Waiver of Liability

Contact Information

Name :_____
(Please Print) First Middle Last

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Emergency contact: _____ Phone: _____

Relationship to volunteer: _____

Group Affiliation Name_____

Waiver

I do hereby represent that:
1. I am 18 years of age or older. IF NOT 18 years old, AGE_____ Include Parent/Guardian signature below.
2. I recognize and appreciate any dangers and risks inherent in volunteering at Cornerstone Community Outreach's Kitchen.
3. I am submitting this release and waiver of liability declaration voluntarily and of my own free will.
4. I have no physical or emotional problems, nor any history thereof, which will impair my ability to volunteer at Cornerstone Community Outreach's Kitchen.
5. I hold harmless and agree to indemnify Cornerstone Community Outreach, its officers, directors, employees, agents and volunteers from all claims, liability, and damages I may sustain from any bodily injury, personal injury or property damage which may occur from any cause, including negligence, before, during or after any Cornerstone Community Outreach event in which I participate as a volunteer.
6. I irrevocably grant Cornerstone Community Outreach and its agents, the exclusive right to use my name, likeness, photos or reproduction for any purpose including web site articles, promotion, advertising or other purposes.
7. I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

_____ _____ _____
Signature Print Name Date

Signature of Parent or Legal Guardian (if volunteer is under age 18):

_____ _____
Parent or guardian Signature Date

_____
Print name of parent or guardian