



Volunteer Liability Release Form

Name: _____

Address: _____

City: _____ State _____ ZIP Code _____

Home Phone: _____ Cell Phone: _____

E-Mail address: _____

My Date of Birth is: ____/____/____

Driver's License: _____ State Number: _____

I, the undersigned volunteer, understand that I am not an employee, agent, subcontractor, or independent contractor of HANDS & FEET MINISTRIES, INC. I understand that HANDS & FEET MINISTRIES, INC. will not provide me with compensation, insurance, worker's compensation, or any other benefits of an employee. In consideration of my being allowed to work as a volunteer for any purpose, I, the undersigned, agree to forever discharge and agree to indemnify and hold harmless HANDS & FEET MINISTRIES, INC., its officers, directors, employees, interns, agents and subcontractors against all damages, losses, claims, demands, costs and expenses (including with limitation, attorney's fees and court costs), and liabilities of any nature whatsoever which may be incurred by me or which may arise from my activities as a volunteer.

Participant's Signature: _____ Date: _____

(If under 18)

Parent's Signature: _____ Date: _____

Parent's Driver's License: State: _____ Number: _____