

Volunteer Release and Waiver of Liability

I, the undersigned VOLUNTEER, freely, voluntarily, and after reading carefully, execute this Volunteer Release and Waiver of Liability, on the date printed below, agreeing as follows:

Volunteer Status/Insurance. I understand and acknowledge that I am a volunteer, not an employee, of SEND International of Alaska ("SEND/AK"). As a volunteer, I am **not** entitled to employee or other benefits from SEND/AK such as health or accident insurance, workers compensation benefits, or compensation for duties performed or hours worked. I understand it is my responsibility to provide my own health, disability, liability or accident insurance to cover my claims or damages from any injury, illness, death or property damage I suffer while performing volunteer work for SEND/AK.

Assumption of Risk/Release. As a volunteer for SEND/AK, I understand that I will engage in hazardous work that involves a risk of illness, physical injury, property damage, or death, from hard physical labor, heavy lifting, exposure to environmental hazards such as mold or inclement weather, and work on ladders, roofs or other elevated or damaged structures. I also understand that I may be provided equipment to use in performing volunteer activities which is dangerous to operate and can cause serious injury or death. I hereby assume all risks associated with performance of these activities and operation of this equipment and release and forever discharge SEND/AK from any and all liability for claims or damages I might have that result from my work with SEND/AK as a volunteer, and any related claims or damages arising from SEND/AK's selection of work sites or activities, provision of equipment, or provision of food, lodging or transportation in connection with my volunteer duties. I understand that SEND/AK is not responsible for the safety or security of my personal effects and release SEND/AK from liability for theft, damage or destruction of my personal property.

Ministry Photographs and Videos. I acknowledge and agree that, while volunteering with SEND/AK, my activities may be photographed or videotaped. I hereby consent to the use by SEND/AK of photographs or videos in which I appear, and I acknowledge and agree that I have no ownership rights in or to those photographs or videos.

Emergency Medical Care. I hereby consent to the provision or procurement by SEND/AK of emergency medical care or first aid in the event I suffer any illness or accident while performing volunteer activities. I hereby release, discharge and hold SEND/AK harmless from any claim related to the provision of such emergency medical care.

Minor Volunteers. Minors under the age of 18 are not permitted to volunteer with SEND/AK. If I am a minor between the age of 14 and 18, I understand and agree that I can perform volunteer activities **only under the supervision of a parent or legal guardian**. In that case, this Release must be signed on my behalf by such parent or legal guardian, and I will not volunteer without such action.

VOLUNTEER:

___ Mr. _____
___ Mrs. _____ Print name _____ Date _____
___ Ms. _____
_____ Signature _____ Phone _____

Email Address: _____

_____ Address Street City State Zip

Witness: Signature - _____ Print Name - _____

Person to Contact in the Event of an Emergency:

_____ Print Name Phone

Parent or Legal Guardian responsible for Minor:

_____ Print Name Signature

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO VOLUNTEER PERFORMING ANY VOLUNTEER ACTIVITIES FOR SEND International of Alaska.