

RELIANT MISSION

Assumption of Risk, Release, and Indemnification Agreement for Reliant Mission Volunteers

THIS IS A WAIVER, RELEASE, AND AGREEMENT TO HOLD HARMLESS.
- PLEASE READ BEFORE SIGNING -

I, _____, the undersigned, in full recognition and appreciation of the risks and dangers involved in Reliant Mission ministry activities in which I may participate, do hereby willingly and voluntarily assume all of the risks and responsibilities involved in my willing and voluntary participation as a volunteer associate staff member with Reliant Mission, and any related ministry activities undertaken in connection with Reliant Mission.

Volunteer Participation - Hold Harmless

As consideration for, and as a condition for my participation as a volunteer with Reliant Mission, I hereby voluntarily for myself, my heirs, assigns, executors, administrators, and personal representatives, forever release, discharge, and agree to indemnify and hold harmless Reliant Mission, and their respective employees, directors, officers, agents, and volunteers from and against any and all claims, demands, actions, or causes of action of any kind, on account of damage to personal property, personal injury, death, or any other damage or loss which may arise out of or result from my participation with Reliant Mission ministry related activity or which is in any way connected with my participation with Reliant Mission or use of Reliant Mission equipment or facilities, including but not limited to any such claims which allege negligent acts or omissions of Reliant Mission, or its employees, directors, officers, agents, and volunteers.

I further agree to forever indemnify and hold harmless Reliant Mission or anyone acting on its behalf, for any and all attorney's fees or other costs incurred as a result of defending or enforcing this agreement.

No Medical Insurance and Workers Compensation, or Other Benefits

I understand, acknowledge, and agree that no medical insurance coverage or other benefits are or will be provided for me by Reliant Mission or otherwise, and that I alone am responsible for any and all costs associated with medical treatment that may be required as a result of my volunteer associate staff member participation with Reliant Mission.

I further understand that I am not entitled to workers compensation coverage or any other benefits as a result of my volunteer participation with Reliant Mission or any injury that may result therefrom.

I have read and executed this Assumption of Risk, Release, and Indemnification Agreement for Reliant Mission Volunteers form with full knowledge of its significance.

By signing below, I acknowledge that I have completed, read, understood, and executed this Assumption of Risk, Release, and Indemnification Agreement for Reliant Mission Volunteers accurately and truthfully on the date noted below.

Your Name: _____

Your Signature: _____

Date: _____

Received by: _____

Date _____

(Reliant Mission MR Department)