



EMERGENCY CONTACT AND RELEASE*

Date_____

Name:_____

Address:_____

Home Phone:_____ Cell:_____

E-mail:_____

Date of birth: (mm-dd-yy)_____

In case of an emergency, contact:

Name:_____ Relationship:_____

Address:_____

Home Phone:_____ Cell:_____

E-mail:_____

Any allergies, medications, or other information needed in an emergency:

*All drivers will need a copy of their driver's license and insurance card attached to this form.

RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20_____, by _____ (the "Volunteer", please print clearly) in favor of Lilburn Cooperative Ministry, Inc. ("LCM"), a nonprofit corporation, and its directors officers, employees, and agents. The Volunteer desires to work as a volunteer for LCM and engage in the activities related to being a volunteer for LCM (the "Activities"). The Volunteer understands that the Activities may include bagging and distributing food; receiving donations; sorting, preparing and pricing items for sale; lifting moving donated items, general clean up, and food/donation pick up. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless LCM and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from Volunteer's Activities with LCM. VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES LCM FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST LCM WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH LCM, WHETHER CAUSED BY THE NEGLIGENCE OF LCM OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT LCM DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.

2. Medical Treatment. Volunteer does hereby release and forever discharge LCM from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with LCM.

3. Assumption of the Risk. The Volunteer understands that the Activities may involve work that may be hazardous to the Volunteer, including, but not limited to, bagging and distributing food; receiving donations; sorting, preparing and pricing items for sale; lifting moving donated items, general clean up, and food/donation pick up, and transportation to and from the work sites. Volunteer

hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases LCM from all liability for injury, illness, death, or property damage resulting from the Activities.

4. Insurance. The Volunteer understands that, except as otherwise agreed to by LCM in writing, LCM does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. Photographic Release. Volunteer does hereby grant and convey unto LCM all right, title, and interest in any and all photographic images and video or audio recordings made by LCM during the Volunteer's Activities with, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. Volunteer also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer: _____

Witness: _____

Minors age 16-18 will need a parent/guardian's signature to volunteer. Minors under the age of 16 will need a parent/guardian present with them at all times to volunteer.

Parent/Guardian of Minor Signature

Date