

## Trinity Lutheran Church Esperanza Mexico Service Project

## **Volunteer Release And Waiver of Liability**

This is a Release and Waiver of Liability (the "Release") executed on this date,			Date	
By (the "Volunteer")	Name	and, if a minor, in conjunction	on with	Name
		n of the volunteer, in favor of Trinity Lents and other volunteers (collectivel		nurch Lynnwood Washington, together
The Volunteer desires Volunteer understands	to serve as a volunteer with T that the Activities may include		ated to beir oilitating bui	ng a volunteer (the " <b>Activities</b> "). The ildings, working in the communities,
1. Release and Waive Volunteer shal and attorney's description of the contravention of the contravential of the co	Indemnify, defend and save fees, expenses and costs of ir of the terms and conditions of uccessors and assigns from a rise or may hereafter arise from any liability or claim to leath, or property damage that officers, directors, employees, or or obligation to provide final ance in the event of injury or illent es hereby release and foreverse.	nvestigation arising from or out of an this Release. Volunteer does herebany and all liability, claims, and demand Volunteer's Activities with Trinity. That the Volunteer may have against at may result from Volunteer's Activitie, or agents or otherwise. Volunteer ancial assistance or other assistance, lness.	ny and all lo y claim bas y release ar ands of wha Volunteer Trinity with es with Trin also unders including b	understands that this Release respect to any bodily injury, personal lity, whether caused by the negligence tands that Trinity does not assume any
or with the de	cision by any representativ such power may be grante	ve or agent of Trinity to exercise t		
The Volunteel limited to, con expressly and	r understands that the Activistruction, loading and unlo	vities include work that may be he bading, equipment operation, and risk of injury or harm in the Activities resulting from the Activities.	transporta	
	. Each Volunteer is expec	does not carry or maintain health, ted and encouraged to obtain his		or disability insurance coverage for on medical, health and disability
video or audio	es hereby grant and convey o recordings made by Trinit		s with Trin	ny and all photographic images and ity, including, but not limited to, any
State of Wash State of Wash be invalid by a	nington and that this Releast nington. Volunteer agrees any court of competent juris	se shall be governed by and inte that in the event that any clause	rpreted in a or provision use or pro	ive as permitted by the laws of the accordance with the laws of the on of this Release shall be held to vision shall not otherwise affect the

By signing below, the Volunteer and, if a minor, the parent/guardian, has read, understood, and executed this Release.

date		signature of volunteer	print name  print name		
		signature of parent/legal guardian			
Address:		City:	State: Zip:		
Day Phone:		Evening Phone:	Cell Phone:		