

RELEASE AND WAIVER OF LIABILITY

Bed Ministry Volunteer

On this the _____ day of _____, 201____, the undersigned understands, acknowledges and agrees to the following:

I am at least 18 years of age, or the parent/Guardian of the volunteer.

As a volunteer for the Bed Ministry of the Family Resource Center of North Mississippi, I do release, indemnify and hold harmless the Family Resource Center of North Mississippi, Mt. Olive Baptist Church and Jacob or Deborah Cunningham, as the owner of the premises, their employees, agents and representatives with respect to any and all claims whether known or unknown of any nature whatsoever made by any person or entity for any damages of any kind, nature and description alleged against the Family Resource Center of North Mississippi and Jacob Cunningham, as the owner of the premises, their employees, agents and representatives arising out of my volunteer work in the Bed Ministry program.

I understand that the equipment used to construct the bed frames is dangerous and that whether I operate any equipment or not, my presence in the facility where the beds are being constructed can at times be dangerous.

I understand and agree to the terms of this release and I waive all rights to any claim against the Family Resource Center, Mt. Olive Baptist Church and/or Jacob or Deborah Cunningham, as the owner of the premises, their employees, agents and representatives related to my presence as a volunteer.

By: _____

Volunteer Signature

Date: _____

By: _____

Parent or Guardian

Date: _____