



Volunteer Release Form

Volunteers over the age of 18

Local Clinic Site: Shelbyville First Baptist Church, Shelbyville, KY

Name: First Name: _____ MI: _____ Last Name: _____

Date of Birth: ____/____/____ Home Phone: _____-_____-____ Cell: _____-_____-_____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____

Church Membership: _____

Church Address: _____

In Signing below, I agree to volunteer for the Shelby Touched Twice Clinic work project. I will not expect any organizations with which I may work or be associated to be responsible or liable to me for any loss or damage to my property, and personal injury or illness, or any other injuries of heirs, my executors, administrators, assignors, and myself. I hereby release Shelby Touched Twice Ministry, Touched Twice Ministries, Touched Twice United, First Baptist Church Shelbyville KY, Shelby County Fair Grounds and any employee or organizations affiliated with the Shelby Touched Twice Clinic event at Shelbyville First Baptist Church, all Volunteers, Shelby County Fairgrounds, city of Shelbyville, Shelby County and any of the churches, members and their organizations servicing today liable from any and all such claims or demands. I also give my permission to be photographed/videoed during this event and these photographs and videos to be published.

I hereby authorize that I am willingly volunteering at the Shelby Touched Twice Clinic and will not hold any other volunteer or any of the Association's and Partnership organizations liable for my actions.

I understand I need to keep the Shelby Touched Twice T-Shirt visible during the entire event.

Signature: _____ Date: _____