



# Volunteer Waiver Form

Page 2

## 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, acknowledge that the organizations with which I volunteer shall not be responsible or liable for **ANY** loss or damage to my property, or to my person whatsoever, together with all my heirs, executors, administrators, and assignors. I hereby further release Shelby Touched Twice Ministry, Touched Twice Ministries, Touched Twice United, Salem Baptist Church, 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 liable from any and all such claims or demands.

I 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.**

**In signing below, I have read, understand and agree to the full release of liability outlined on page 1 and page 2.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **VOLUNTEER**

### **RELEASE OF LIABILITY**

This Release executed with personal information and signature on other side to **SHELBY TOUCHED TWICE**, an organization formed to provide a free annual medical and dental clinic to the people of Shelby County, Kentucky, and surrounding areas, having its principal office at 8311 Mt. Eden Road, Shelbyville, Kentucky, and the promoters, participants, sanctioning organization or any subdivision of the same, any persons participating in any sponsored activity, sponsors, advertisers, owners and lessees of premises used to conduct its annual Clinic.

#### **PARTICIPANT'S COVENANTS**

In consideration of being permitted to enter for any purposes, observe, work for, or for any purpose participate in any way in the event, including any service provided to the participant, the undersigned, for himself or herself, and his or her personal representatives, heirs and next of kin, acknowledges, agrees and represents that he or she has, or will immediately on entering any of such areas, and will continuously afterward, accepts the same as being safe and reasonably suited for the purposes of its use. The undersigned further agrees and warrants that if at any time he or she is in or about an area and he or she feels anything to be unsafe, he or she will immediately advise the proper officials and will leave the area.

#### **SECTION ONE. RELEASE AND COVENANT NOT TO SUE**

The undersigned releases, waives, discharges and covenants not to sue **SHELBY TOUCHED TWICE**, or the promoters, participants, sanctioning organization or any subdivision of the same, owners and lessees of premises used to conduct its annual medical and dental clinic, and each of them, their officers and employees, all of whom for the purposes of this release are referred to as "releasees," from all liability to the undersigned, and the undersigned's personal representatives, assigns, heirs and next of kin, for any and all loss or damage, and any claim or demands for the same on account of injury to the person or property of the undersigned or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise, while the undersigned is in or upon area, observing, working for, or for any purpose participating in the event.

#### **SECTION TWO. INDEMNIFICATION**

The undersigned agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage or cost they might incur due to the presence of the undersigned in or on the area or in any way competing, officiating, observing or working for or for any purpose participating in the above-described event and whether caused by the negligence of the releasees or otherwise.

#### **SECTION THREE. ASSUMPTION OF RISK**

The undersigned assumes full responsibility for and risk of bodily injury, illness, death or property damage due to the negligence of releasees, or otherwise, while in or on an area and or while observing or working for or for any purpose participating in the above-described event.

#### **SECTION FOUR. SCOPE OF RELEASE AND INDEMNITY**

The undersigned further agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad as inclusive as is permitted by the law of Kentucky, and that if any portion of it is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.