



Youth Volunteer Release and Waiver of Liability

****This form is required for all volunteers ages 14-17****

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY PRIOR TO PERFORMING ANY VOLUNTEER ACTIVITIES FOR SAMARITAN'S PURSE

Statement of Faith: I understand that Samaritan's Purse is a Christian organization. I acknowledge that I have read the Statement of Faith and agree to abide by the ministry guidelines of Samaritan's Purse.

Code of Conduct: The commitment of Samaritan's Purse is "to serve and not be served." I agree to represent Jesus Christ in my attitude, behavior, speech, and dress and to demonstrate love and kindness toward one another and those being served. I agree to treat each person being served and his/her property with dignity and respect.

Volunteer Status / Insurance: I understand and acknowledge that I am a volunteer, not an employee, of Samaritan's Purse or their ministry partners. I understand it is my responsibility to provide my own health, disability, liability, or accident insurance to cover my claims or damages from any injury, illness, death, or property damage I suffer while performing volunteer work for Samaritan's Purse. Samaritan's Purse does provide a supplemental insurance policy that may cover some of my medical expenses in the event of an accident or injury resulting from my service with Samaritan's Purse, but I understand this does not guarantee coverage.

Assumption of Risk / Release of Liability: As a volunteer for Samaritan's Purse, I understand that I will engage in hazardous work that involves a risk of illness, physical injury or death, and/or property damage. This work includes hard physical labor, heavy lifting, and exposure to environmental hazards. I agree to wear the appropriate protective equipment while volunteering and to follow all instructions of the team leader. I will let my team leader or the Samaritan's Purse staff know of any work I am unable to perform for any reason.

I hereby assume all risks associated with performance of Samaritan's Purse activities and release and forever discharge Samaritan's Purse from any and all liability for claims or damages I might have that result from volunteering with SP, and any related claims or damages arising from Samaritan's Purse's selection of work sites or activities, provision of equipment, or provision of food, lodging or transportation in connection with my volunteer duties. I understand that Samaritan's Purse is not responsible for the safety or security of my personal effects and release Samaritan's Purse from liability for theft, damage or destruction of my personal property.

Emergency Medical Care: I understand Samaritan's Purse will contact emergency medical personnel if I am injured while on a job site and will notify my emergency contact provided on this form.

Criminal History Policy and Acknowledgement: Volunteer applicants who have been convicted of crimes against minors or sexual offenses are prohibited from volunteering on any Samaritan's Purse project. Other felony convictions will require a clean record for at least five years after conviction. Samaritan's Purse reserves the right to restrict or deny volunteer opportunities to any applicant.

Ministry Photographs and Video: As a volunteer I agree to have sensitivity to homeowners when taking personal photographs or videos at a Samaritan's Purse worksite. I also understand, acknowledge, and agree that while volunteering with Samaritan's Purse, my activities may be photographed or videotaped. I consent to the use by Samaritan's Purse and/or its authorized representative of photographs or videos in which I appear, and I acknowledge and agree that I have no ownership rights in or to those photographs or videos.

SIGNATURE OF MINOR VOLUNTEER

By signing below I acknowledge that I have read and understand the above release.

Signature: _____ **Date:** _____

****Please continue to page 2 to complete this document****

MINOR VOLUNTEER INFORMATION (Volunteers, ages 14-17)

Name (Printed): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Person to Contact in the Event of an Emergency:

Name: _____ Phone: _____

Please list any medical conditions or allergies below:

PARENT/LEGAL GUARDIAN RESPONSIBLE FOR MINOR VOLUNTEER

Name (Printed): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

*****Please execute below in front of a Notary Public*****

Signature of Parent/Legal Guardian: _____ Date: _____

_____ (State)

_____ (County)

I, _____, a Notary Public for said County and State, do

hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this _____ day of _____, _____.

Notary Public: _____

My commission expires: _____