

**ADULT WAIVER OF LIABILITY, RELEASE, AND ASSUMPTION OF RISK**

This form **must** be completed for **ALL** volunteers **18** years of age or older.

I understand that building construction involves certain risk and dangers of accidents, serious personal and bodily injury, including death and permanent disability, and property loss and damage. I **knowingly and voluntarily choose to accept and assume such risks and dangers, both known and unknown and even if arising from the negligence of others, in relation to my volunteering for Strong Castle Outreach.** I understand that, as a volunteer, I am not covered by Workers Compensation Insurance. I accept full responsibility for my own safety.

**I understand that Strong Castle Outreach, the Group I Am Volunteering With Today, the Program Project's / Activity's sponsor organization(s) or volunteer organization(s), and each of their employees, agents, and representatives, and any and all other volunteers on the Program Project / Activity (collectively the "Releasees") will not be liable for any injuries or illness that I or any of my dependents) may suffer which arise directly or indirectly in connection with this Program Project / Activity regardless of the negligence or fault of Releasees.**

Thereby expressly **WAIVE** and **RELEASE** any and all claims for compensation or liability arising out of an injury, illness, or death that I or my dependents) may sustain, directly or indirectly in connection with the Program Project / Activity, and hereby **RELEASE AND AGREE TO HOLD HARMLESS** Strong Castle Outreach and the Releasees of and from any claim or cause of action for personal injury, illness, medical expense, or death arising directly or indirectly from, or caused by any act or omission, in connection with my volunteering for Strong Castle Outreach that I, or my dependents may sustain, regardless of whether caused in whole or in part by the negligence or fault of any Releasee.

**This waiver and release of liability also extends to any claim arising out of first aid, treatment, and medical services rendered and extends to all periods of activates of this Active Project or any other volunteer work that I perform on behalf of Strong Castle Outreach.**

I do hereby grant all right, title, and interest I may have in all and any photographic images, and video audio recordings, created by Strong Castle Outreach or its agents or employees during my work for Strong Castle Outreach including (but not limited to) any royalties, proceeds, or other benefits derived therefrom.

I Am Volunteering with Today: \_\_\_\_\_

Project: \_\_\_\_\_ (list the house address, main office, Restore, etc...)

**I HAVE READ AND UNDERSTAND THIS WAIVER AND RELEASE OF LIABILITY AND SIGN IT VOLUNTARILY.**

Printed Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_