ANGEL'S ATTIC

THRIFT STORE

FOR THE ADVANCEMENT OF THE GOSPEL

Volunteer Waiver

Angel Fire Baptist Church

This form will be kept on file for a year and will need need to be filled out ANNUALLY

We are delighted in your desire to serve with Angel Fire Baptist Church at Angel's Attic! It is our prayer that you find your place in ministry and know the joy and the fulfillment that goes along with serving the Lord Jesus.

Before you begin serving please take a moment to fill-out our volunteer wavier. Thank you!

Volunteers' Waiver, Release, and Indemnity Agreement

Date: _____ *(this waiver will need to be filled out annually)*

Name: _____

Address: _____

Phone Number: _____

As a condition of my being allowed to volunteer my services and time for the above-referenced church, I hereby voluntarily and absolutely release and discharge the above-referenced church, and its constituent organizations and their officers, agents and employees, from any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death that I may suffer as a result of my volunteering at the above-mentioned church/school, or by the use of facilities or equipment; whether or not such injuries or damages are caused by the negligence (active or passive) of any of the entities or individual named above. I agree to abide by the rules and regulations governing the above-mentioned church and to obey any instructions given by the person or persons having supervision and control over my position. I will indemnify and hold harmless the above-referenced church and its officers, agents, servants or employees from any and all claims or causes of action by myself or by any other person or entity, and under no circumstances will present any claims against said organization and said persons for personal injury, property damage, wrongful death caused by any act of negligence by the church. I agree that in the event of an injury to myself as result of my volunteering at the church, whether or not caused by the negligence (active or passive) of the church, or any of its agents or employees; recourse for the payment of any hospital, medical, dental, or related costs and expenses will be paid either by me or my spouse, accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use. I warrant and represent that I am eighteen years of age or over, and am fully aware of and understand the terms and legal consequences of the signing of this Waiver and Release. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Volunteer's Signature: _____