

**RELEASE AND WAIVER OF LIABILITY**  
**James Island Presbyterian Church**

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

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Cell): \_\_\_\_\_

Dates in the Mission House: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Address: \_\_\_\_\_

**WAIVER OF LIABILITY**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of the James Island Presbyterian Church ("Owner") and the James Island Presbyterian Foundation ("Manager").

The Volunteer desires to work as a short term volunteer for \_\_\_\_\_, a local organization, and stay in the Mission House during this volunteer period.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless the Owner/Manager and its successors and assigns any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arises or may hereafter arise from Volunteer's activities with Owner/Manager.

Volunteer understands that this Release discharges Owner/Manager from any liability or claim that the Volunteer may have against Owner/Manager with respect to any bodily injury, personal injury, illness, death or property damage that may result from the Volunteer's activities with Owner/Manager, whether caused by the negligence of the Owner/Manager or its officers, directors, employees or agents or otherwise. Volunteer also understands that the Owner/Manager does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury or illness.

**Medical Treatment.** Volunteer does hereby release and forever discharge the Owner/Manager from any claim whatsoever which arises or may hereafter arise on

account of any first aid, treatment or service rendered in connection with the Volunteer's activities with the Owner/Manager.

**Assumption of Risk.** The Volunteer understands that staying in the Mission House may assume some risk. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the activities and releases the Owner/Manager from all liability for injury, illness, death or property damage resulting from the activities.

**Insurance.** The Volunteer understands that, except as otherwise agreed to by the Owner/Manager in writing, the Owner/Manager does not carry or maintain health, medical or disability insurance for any Volunteer.

**Other.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of South Carolina and that this release shall be governed by and interpreted in accordance with the laws of the State of South Carolina. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**IN WITNESS WHEREOF,** Volunteer has executed this Release as of the day and year first written above.

Volunteer: \_\_\_\_\_ Witness: \_\_\_\_\_  
(signed name) (signed name)

Volunteer: \_\_\_\_\_ Witness: \_\_\_\_\_  
(printed name) (printed name)

Parent: \* \_\_\_\_\_ Parent: \_\_\_\_\_  
(signed name) (printed name)

\*(If Volunteer is under the age of 18, a parent or legal guardian must sign)

In case of emergency, please contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (cell) \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_