



RELEASE & WAIVER OF LIABILITY STATEMENT

This Release & Waiver of Liability is executed on this _____ (day) of _____ (month), _____ (year) by _____ (the "Volunteer") in favor of Meals on Wheels of Interfaith Ministries, a 501(c)(3) non-profit organization, its directors, officers, employees and agents (collectively, "Meals on Wheels").

The Volunteer desired to work as a volunteer for Meals on Wheels of Interfaith Ministries and engage in the activities related to being a volunteer. The Volunteer does hereby freely, voluntarily and without duress execute this Release of Waiver under the following terms:

1. Waiver & Release – The Volunteer does hereby release and forever discharge and hold harmless Meals on Wheels of Interfaith Ministries and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in lay or in equity, which arise or may hereafter arise from the Volunteer's work for Meals on Wheels. The Volunteer understands and acknowledges that this Release discharges Meals on Wheels from any liability or claim that the Volunteer may have against Meals on Wheels with respect to any bodily injury, personal injury, illness, death or property damage that may result from the Volunteer's work for Meals on Wheels.

2. Medical Treatment – Except as otherwise agreed to by Meals on Wheels of Interfaith Ministries in writing, the Volunteer does hereby release and forever discharge Meals on Wheels of Interfaith Ministries from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for Meals on Wheels.

3. Assumption of the Risk – The Volunteer understand that the work for Meals on Wheels of Interfaith Ministries may include a variety of activities including, but not limited to: working in the Meals on Wheels of Interfaith Ministries office and the delivery of meals whether using the Volunteer's personal vehicle.

4. Insurance – The Volunteer understands that Meals on Wheels of Interfaith Ministries does not carry or maintain health, accident, liability (including without limitation motor vehicle liability), property loss or damage (including without limitation motor vehicle collision damage), medical or disability insurance coverage for any Volunteer or the property of any Volunteer. Each Volunteer is expected to obtain his or her own automobile, medical or health insurance coverage. A copy of the Volunteer's vehicle insurance policy must accompany any application of a Volunteer who will be delivering meals for Meals on Wheels.

5. Photographic Release – The Volunteer does hereby grant and convey unto Meals on Wheels of Interfaith Ministries all right, title and interest in any and all photographic images, video or audio recordings made by Meals on Wheels of Interfaith Ministries during the Volunteer's work for Meals on Wheels, including, but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.

6. Other – The Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Alabama, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Alabama. The 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.

Volunteer Handbook

I have received the Meals on Wheels of Interfaith Ministries Volunteer Handbook and have completed the required volunteer orientation. I confirm that I have read and understand the following:

- Liability
- Volunteer Requirements

By signing my name below, I hereby give Meals on Wheels of Interfaith Ministries permission to conduct a criminal and driving record (if applicable) check.

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

Witness

Volunteer Name (print)

Signature

Email address

Home/Cell Phone