

Bethany Local Mission Trip /  
Bethany Member Mission Week

## Release and Waiver of Liability & Photo and Video Release

This Release and Waiver of Liability, Photo and Video Release (the "Release"), executed on \_\_\_\_\_ (date), by \_\_\_\_\_ (the "Volunteer") is in favor of Bethany Baptist located at 6601 Alderson Street, Schofield, Wisconsin.

Volunteer desires to participate and work during the Bethany Baptist sponsored "Bethany Local Mission Trip" mission. Volunteer understands that the activities will include physical labor, being transported to and from work locations, and consuming food prepared by Bethany Baptist volunteers and other individuals. Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

**Waiver and Release:** Volunteer does hereby release and forever discharge and hold harmless Bethany Baptist from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from volunteer's participation in "Bethany Local Mission Trip". Volunteer understands that this Release discharges Bethany Baptist from any liability or claim that Volunteer may have against Bethany Baptist with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's participation in "Faith Works". Volunteer also understands that Bethany Baptist 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.

**Medical Treatment:** Volunteer does hereby release and forever discharge Bethany Baptist for any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's participation in "Bethany Local Mission Trip".

**Assumption of Risk:** Volunteer understands that "Bethany Local Mission Trip" activities may be hazardous to Volunteer. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Bethany Baptist for all liability for injury, illness, death, or property damage resulting from the activities of Volunteer's participation in "Bethany Local Mission Trip".

**Insurance:** Volunteer understands that Bethany Baptist does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to participate in "Bethany Local Mission Trip" with medical and health insurance coverage in effect.

**Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. Volunteer agrees that in the event that any clauses or provisions 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.

**Photographs and Videos:** Volunteer understands that Bethany Baptist will take photographs of and video tape (“photograph”) activities during “Bethany Baptist Mission Trip”. By executing this Release, Volunteer grants Bethany Baptist permission to photograph Volunteer and thereafter to use the photographs in whole or in part without restriction anywhere, in any medium, for any purpose and altered in any way. Volunteer releases Bethany Baptist from all claims of liability relating to the use of the photographs. This permission and release shall be irrevocable and binding upon Volunteer’s successors, legal representatives and assigns and shall accrue to the benefit of Bethany Baptist’s successors, legal representatives, and assigns.

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

Volunteer’s Signature: \_\_\_\_\_  
Telephone: \_\_\_\_\_

If Volunteer is a minor, parent/guardian signature:  
\_\_\_\_\_

Emergency contact(s):

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

Phone Number (Cell preferred)  
\_\_\_\_\_