**IMPORTANT:** EACH VOLUNTEER MUST SIGN THIS “RELEASE AND WAIVER OF LIABILITY” BEFORE WORKING AT SAMARITAN MINISTRIES OF WINSTON-SALEM. *READ VERY CAREFULLY BEFORE YOU SIGN.*

This is a Waiver of Liability (the “Waiver”) executed by the person named below (the “Volunteer”) in favor of SAMARITAN MINISTRIES OF WINSTON-SALEM, a nonprofit corporation organized and existing under the laws of the State of North Carolina, USA.

I desire to work as a Volunteer for Samaritan Ministries and engage in the activities related to being a volunteer.

I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

**1. Waiver of Release.** I release and forever discharge and hold harmless Samaritan Ministries and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with Samaritan Ministries.

I understand and acknowledge that this Waiver discharges Samaritan Ministries from any liability or claim that I, may have against Samaritan Ministries with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation. I also understand that Samaritan Ministries 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, illness, death or property damage.

**2. Insurance.** I understand that I expressly waive any claim for compensation or liability on the part of Samaritan Ministries beyond what may be offered freely by the representative of Samaritan Ministries in the event of my injury or medical expense.

**3. Medical Treatment.** I release and forever discharge Samaritan Ministries from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with Samaritan Ministries.

**4. Assumption of the Risk.** I understand that my time with Samaritan Ministries may include activities that may be hazardous to me, including, but not limited to, responsibilities in a kitchen environment and interacting with homeless guests. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Samaritan Ministries from all liability for injury, illness, death, or property damage resulting from the activities of my time with Samaritan Ministries.

**5. Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of North Carolina. I agree that in the event that any clause or provision of this Waiver 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.

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Volunteer’s Signature Date

(a parent or guardian must sign if the Volunteer is under 18 years of age) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Print parent’s name (if applicable)

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Print Volunteer’s Name Organization (if applicable)

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Street Address City State Zip code