RELEASE LIABILITY STATEMENT FORM

I understand the Galveston Urban Ministries goal is to provide Christian programs and activities that enhance maturity and development. I will comply with the policies and expectations of volunteers and will support and respect the authority of those providing leadership and supervision.

For and in consideration of the right provided me to participate in the Volunteer Program at Galveston Urban Ministries (G.U.M.),

I hereby release, hold harmless and indemnify G.U.M, its directors, employees, agents and/or associates from and against any and all claims, losses, costs and/or expenses which might arise as a result of my participation in the Volunteer Program, unless the event giving arise to the claim is caused solely by the negligence of Galveston Urban Ministries.

My signature affirms that I will be responsible for any damage or loss to physical property or expenses incurred due to my negligent or irresponsible behavior. I further release, hold harmless indemnify G.U.M. from and against any and all claims, losses, costs and/or expenses for sickness or disease which I may contract as a result of my participation in the Volunteer Program, regardless of whether G.U.M. is negligent in allowing me access to its facilities and programs. I knowingly elect to participate as a volunteer at my own risk.

In case of emergency, I hereby give permission to Galveston Urban Ministries to render first aid or to take me to an available treatment facility for medical care; to give the treatment facility permission to provide necessary medical services. I accept any financial responsibility for said services as rendered by the treatment facility and medical staff.

I also understand that I am not, nor will I be, considered to be an employee of G.U.M. and thus have no expectation of nor will receive any remuneration or any other benefit of employment for my participation as a volunteer in the Galveston Urban Ministries Volunteer Program., specifically including coverage under G.U.M. workers’ compensation program.

This Liability Release is binding on me and my beneficiaries, successors and assigns. Any changes will be submitted in writing, bearing my original and dated signature.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name in Full\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If above-named is under 18 years of age, I hereby consent to the above Volunteer release liability.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name in Full\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_