



Serving Adults with Developmental Disabilities

Service Date:

Group

Ongoing

# **VOLUNTEER RELEASE AND WAIVER OF LEGAL LIABILITY**

**PLEASE READ CAREFULLY! THIS LEGAL DOCUMENT AFFECTS YOUR LEGAL RIGHTS!**  
Please complete this form and mail to **ATTN: VOLUNTEER COORDINATION** at the address below  
or scan and email to **Development@PromiseCommunityHomes.org**

		I am this Group's Main Contact / Leader <input type="checkbox"/> Yes
If you are here with a group or organization, please provide the group name above.		
Last Name (Print Above)	First Name	Home Phone Number
Home Street Address (Print Above)		Cell Phone Number
City (Print Above)		State
		Zip
Email Account (Print Above)		

I am interested in being contacted about future volunteer opportunities:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I would like to receive the newsletter and organization updates:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I currently volunteer as: _____ . <i>I'm also interested in these positions:</i>		
<input type="checkbox"/> Event Planning/Fundraising	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Painting & Beautification
<input type="checkbox"/> Marketing/Communications	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Other:

Emergency Contact		
Does your emergency contact have the same address as listed above?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	Relationship:	
Primary Contact #:	Alternate Contact #:	
Address:	City:	State:
Zip:	Email:	

I understand that, at the discretion of Promise Community Homes (formerly Promise Community Homes ), I may be asked to provide additional information, including but not limited to driver's license, social security card, state identification, my driving record, and/or I may be asked to participate in a drug test.

**Volunteer.** This Release and Waiver of Liability ("Release") is in favor of Promise Community Homes of St. Louis, Missouri, a Missouri nonprofit corporation, its Board of Directors, employees, and other agents (collectively, "Promise Community Homes | 1240 Dautel Lane | St. Louis, MO 63146 | (314)567-1522 | www.PromiseCommunityHomes.org



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Community Homes"). I desire to work as a volunteer for Promise Community Homes and engage in the activities related to being a volunteer. I hereby freely, voluntarily, and without duress execute this Release under the following terms:

- Release and Waiver.** I, the volunteer, hereby release and forever discharge and hold harmless Promise Community Homes and its successors and assigns 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 activities with Promise Community Homes. I understand that this Release discharges Promise Community Homes from any liability or claim that I may have against Promise Community Homes with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's activities with Promise Community Homes, whether **caused by the negligence** of Promise Community Homes or its officers, directors, employees, or others acting on its behalf, except that this paragraph shall not excuse intentional harm or gross negligence. I also understand that Promise Community Homes 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. ***I agree that this Release is effective immediately and that this release is complete and forever.***
- Assumption of Risk.** I hereby expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my activities as a volunteer while working for Promise Community Homes. I understand that the activities may include work that may be hazardous to the Volunteer, including, but not limited to, engaging with Promise Community Homes residents, participating in maintenance and/or repair projects, and cleaning. While Promise Community Homes takes all steps it can to maintain safety, I agree that I am not relying on Promise Community Homes to do so. I understand the risks involved and accept all of the risks.
- Medical Release.** I hereby release and forever discharge Promise Community Homes 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 Promise Community Homes

I hereby give permission for emergency medical treatment to be administered as deemed appropriate. Initial:

Medical	
Do you have any medical conditions we should know about? <input type="checkbox"/> Yes <input type="checkbox"/> No	
My medical conditions, illnesses, or allergies that Promise Community Homes may need to know to safely administer emergency medical treatment are:	<span style="border: 1px solid black; padding: 2px;">Initial:</span>

- Media Release.** I, the undersigned individual, understand that while working for or participating as a volunteer for Promise Community Homes I may be videotaped, photographed, or interviewed by Promise Community Homes staff or media professionals. I hereby grant and convey to Promise Community Homes all rights, title, and interest in any and all photographic images and video or audio recordings made by Promise Community Homes during the Volunteer's activities with Promise Community Homes
- Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and that this Release shall be governed by and interpreted in accordance with the laws of the State of Missouri. I agree 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 above written.

You must be at least 18 years of age to sign this form. Otherwise, a parent or legal guardian must sign this form.

Signature of participant or guardian

Date



*Serving Adults with Developmental Disabilities*

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Printed name of Volunteer (MINOR)

Date of Birth (MINOR participant only) / /