

LOUDONVILLE COMMUNITY CHURCH

HELPING HANDS MINISTRY

Volunteer Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, by the ("Participant) in favor of LOUDONVILLE COMMUNITY CHURCH, A NEW YORK CORPORATION, a not-for-profit corporation organized and existing under the laws of the State of New York, USA, its directors, officers, employees, volunteers, and agents (collectively, "Loudonville Community Church").

I, the Participant, desire to volunteer with Loudonville Community Church to provide assistance with home repair and upkeep for widows and engage in the activities related to offering these services. I understand that the activities may include, but not be limited to, travel to work sites: transportation in Loudonville Community Church vehicles; moving and lifting heavy objects.

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

1. Waiver and Release. I, the Participant, release and forever discharge and hold harmless Loudonville Community Church from any claim or liability that I, the Participant, may have against Loudonville Community Church with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my participation in a helping hands operation. I also understand that Loudonville Community Church does not assume any responsibility or obligation to provide financial or other assistance, including but not limited to medical, health, or disability insurance, death or property damage (insurance requirements below).

2. Insurance. Loudonville Community Church does not carry or maintain, and expressly disclaims responsibility for providing any health, medical, or disability insurance coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A HELPING HANDS MINISTRY WORKER.

3. Medical Treatment. Except as otherwise agreed to by Loudonville Community Church in writing, I hereby release and forever discharge Loudonville Community Church from any claim whatsoever that 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 Loudonville Community Church and the Helping Hands Ministry.

4. Assumption of Risk. I understand that my time with the Loudonville Community Church Helping Hands Ministry may include activities that may be hazardous to me, including but not limited to, loading and unloading of heavy materials, transportation to and from the work site, standing on ladders, working on roofs, and using power tools. I recognize and understand that my time with the Loudonville Community Church Helping Hands Ministry may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Loudonville Community Church from all injury, illness, death, or property damage resulting from the activities of my time with the Loudonville Community Church Helping Hands Ministry.

5. Photographic Release. I grant and convey to Loudonville Community Church all rights, title, and interest in any and all photographic images and video or audio recordings made by Loudonville Community Church during my work with Loudonville Community Church, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. I understand that it is my desire to further the work of Loudonville Community Church by performing services as a Volunteer, specifically as a Volunteer in the Helping Hands Ministry. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of Loudonville Community Church.

To express my understanding of this Release, I sign here with a witness.

Printed Name of Participant _____

Signature _____

Date _____

Printed Name of Witness _____

Signature _____

Date _____