



3566 Veterans Memorial Highway  
Lithia Springs, Georgia  
Phone: 770.948.2126

## **RELEASE OF WAIVER AND LIABILITY**

This Release and Waiver of Liability (the "Release") is hereby executed in favor of First Baptist Church, Lithia Springs in Lithia Springs, Georgia and the Southern Baptist Missions, their directors, officers, staff: team members and agents. The volunteer understands that the activities may include rehabilitating and repairing residential buildings, being transported to and from work locations, and various other tasks necessary to help complete the repair of residential buildings. The volunteer does hereby, voluntarily and without duress, execute this Release under the following terms:

1) This **Release** concerns the above-named parties and their 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 hereafter arise from volunteer's participation in the Mission Trip. The volunteer understands that this Release discharges First Baptist Church, Lithia Springs and the above-named parties from any liability or claim that the volunteer may have against the First Baptist Church, Lithia Springs and the above-named parties with respect to any bodily injury, personal injury, illness, death, property damage or any other damages that may result from volunteer's participation in the First Baptist Church, Lithia Springs Missions. The volunteer also understands that First Baptist Church, Lithia Springs and the above-named parties do not assume responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance.

2) **Medical Treatment.** Volunteer does hereby release and forever discharge First Baptist Church, Lithia Springs and the above-named parties 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 participation in the First Baptist Church, Lithia Springs Missions.

3) **Assumption of Risk.** Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases First Baptist Church, Lithia Springs and the above-named parties from all liability, for injury, illness, death, or property damage resulting from the activities of the Volunteer's participation in the First Baptist Church, Lithia Springs Missions

4) **Insurance.** The Volunteer understands First Baptist Church, Lithia Springs and the above-named parties do not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each volunteer is encouraged to arrive with medical or health insurance coverage in effect if possible, and acknowledges that health, medical, or disability risks remain with the volunteer.



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5) **Photographic Release.** Volunteer does hereby grant and convey unto First Baptist Church, Lithia Springs and the above-named parties all rights, title, and interest in any and all photographic images and video and audio recording made by First Baptist Church, Lithia Springs and the above-named parties during the mission trip.

6) **Other.** Volunteer expressly agrees that this Release is to be as broad and inclusive as permitted by the laws of the State of Georgia, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. Volunteer agrees 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 the Release which shall continue to be enforceable.

**IN WITNESS THEREOF,** Volunteer has executed this Release as of the day and year written below...

Volunteer (please print name): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian if Volunteer is a minor (please print name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

Phone (other): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Signature (Volunteer):** \_\_\_\_\_

Witness: \_\_\_\_\_

Signature (Parent or Guardian): \_\_\_\_\_

Witness: \_\_\_\_\_