



Service Date: _____

Group Ongoing

Urban Mission Outreach:

VOLUNTEER RELEASE AND WAIVER OF LEGAL LIABILITY

PLEASE READ CAREFULLY! THIS LEGAL DOCUMENT AFFECTS YOUR LEGAL RIGHTS!

		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 Bridge Monthly Newsletter: <input type="checkbox"/> Yes <input type="checkbox"/> No
I currently volunteer as: _____ & I'm also interested in these positions: <input type="checkbox"/> Event Planning/Fundraising <input type="checkbox"/> Kitchen Volunteer <input type="checkbox"/> Community Resource Room <input type="checkbox"/> Other: <input type="checkbox"/> Marketing/Communications <input type="checkbox"/> Front Desk <input type="checkbox"/> Pick up / Deliveries

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 The Bridge, 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") in favor of The Bridge of St. Louis, Missouri, a Missouri nonprofit corporation, its board of directors, employees, and other agents (collectively, "The Bridge"). I desire to work



as a volunteer for The Bridge and engage in the activities related to being a volunteer. I hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. **Release and Waiver.** I, the volunteer, hereby release and forever discharge and hold harmless The Bridge 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 The Bridge. I understand that this Release discharges The Bridge from any liability or claim that I may have against The Bridge with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's activities with The Bridge, whether **caused by the negligence** for The Bridge 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 The Bridge 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.***
2. **Assumption of the 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 The Bridge. I understand that the activities may include work that may be hazardous to the Volunteer, including, but not limited to, engaging with Bridge guests, participating in maintenance and/or repair projects, cleaning, and cooking, consuming, delivering and/or serving food. While the Bridge takes all steps it can to maintain safety, I agree that I am not relying on The Bridge to do so. I understand the risks involved and accept all of the risks.
3. **Medical Release.** I hereby release and forever discharge The Bridge 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 The Bridge.

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, illness or allergies that The Bridge may need to know to safely administer emergency medical treatment are:	
Initial:	

4. **Media Release.** I, the undersigned individual, understand that while working for or participating as a volunteer for The Bridge I may be videotaped, photographed, or interviewed by The Bridge staff or media professionals. I hereby grant and convey unto The Bridge all rights, title, and interest in any and all photographic images and video or audio recordings made by The Bridge during the Volunteer's activities with The Bridge.
5. **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

Printed name of Volunteer (only if participant is a MINOR)

Date of Birth (MINOR participant only)