

VOLUNTEER LIABILITY WAIVER AND RELEASE FORM

Organization Name: Abba Harvest Outreach Ministries Inc

Date: _____

Volunteer Name: _____

Volunteer Address: _____

1. Acknowledgment of Risk:

I, _____, understand that my participation in volunteer activities with Abba Harvest Outreach Ministries Inc carries a risk of injury and damage to myself. I hereby acknowledge and accept the risks involved in these activities.

2. Waiver and Release:

I agree to release, waive, discharge, and covenant not to sue Abba Harvest Outreach Ministries Inc, its directors, officers, employees, volunteers, agents, and successors from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, injury, or death, that may be sustained by me, or to any property belonging to me, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

3. Medical Treatment:

I understand that Abba Harvest Outreach Ministries Inc does not assume responsibility for any medical expenses, injury, or damage suffered by me in connection with my volunteer activities. I acknowledge my responsibility for obtaining appropriate insurance coverage for participation in these activities.

4. Understanding of Agreement:

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Florida and that if any portion of this waiver is held invalid, the remainder will continue in full legal force and effect.

5. Confirmation of Voluntariness:

I agree that my volunteer services are provided on a volunteer basis, without any pay or compensation of any kind, and that my volunteer services are given for humanitarian, charitable, and/or public service reasons.

Signature of Volunteer: _____ **Date:** _____

Emergency Contact Name: _____ **Phone:** _____