



Volunteer Waiver and Release Form

Sponsoring Organization:

Address:

Mailing address:

Coordinator:

Description of Activity: Group will be a part of community development in the city of St. Louis. They will be working in community gardens, exploring and learning about the city, and getting to know members of the community through block parties and other evangelism activities.

Participant Information Participant Name: _____ If you are
under 18 years provide name of Parent / Guardian: _____ Address:
_____ City: _____ State: _____ Zip: _____

Phone (day): _____ (eve): _____

Email: _____

Is coordinator or designee authorized to approve medical treatment? Yes No

Is participant covered by personal/family medical insurance? Yes No If Yes, name of Insurer:
_____ Policy or Group# _____

Emergency Contact: _____

Phone (day): _____ (eve): _____

Email: _____

Participant Agreement

In consideration for the opportunity to participate in the above activity, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity.

The participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during the transportation to and from the activity.

Further, the participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any of its representatives (collectively referred to hereinafter as the "Coordinator") for any injury related directly or indirectly out of the described activity or transportation to or from the activity, whether such injury arises out of the negligence of the Sponsor or otherwise.

If a dispute arises over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through mutually acceptable alternative dispute resolution process.

If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute shall be submitted to a three member arbitration panel of the American arbitration Association for final resolution.

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if Participant is a minor): _____ Date: _____