

ADULT WAIVER OF LIABILITY

Hurricane Harvey Disaster Relief and Recovery: ClearPoint Church, Pasadena, Texas

Volunteer's Name (please print)

Whereas the person listed above is to work on disaster recovery.

Now therefore, ClearPoint Church, Pasadena, TX, Pathfinder Mission; and I, the volunteer; agree as follows:

FIRST: ClearPoint Church and Pathfinder Mission, shall exercise every precaution to assure the welfare and safety of the said volunteer and agrees to take no extraordinary action pertaining to his/her welfare without consultation with the volunteer except when emergency conditions indicate that delay or lapse of time would adversely affect the best interest of the volunteer.

SECOND: The volunteer themselves represents ClearPoint Church and Pathfinder Mission, that he/she is not now afflicted with any disorder, disease, allergy, or other form of malady that would adversely affect his/her participation in activities of recovery work or the welfare of other recovery workers.

THIRD: ClearPoint Church and Pathfinder Mission, do not assume responsibility for any loss of property or damage to the same, or for personal harm or illness that may come to the volunteer while engaged in the activities of the mission trip.

FOURTH: Furthermore, for myself, my heirs, executors, administrators, distributes, and assigns, I agree not to commence or prosecute, and hold harmless the above ClearPoint Church and Pathfinder Mission; and to hold the these stated parties harmless in the event of the commencement of prosecution of, and demand, claim action, suit or proceeding which may be asserted against them with respect to any loss of property, damage to the same, personal harm, or illness that may come to the student or volunteer while engaged in the activities sponsored by the above ClearPoint Church.

FIFTH: I understand that the above ClearPoint Church and Pathfinder Mission do not assume any liability for any loss, damage, personal harm, or illness.

In witness whereof, I have set my hand this day, _____, 2018.

Signature of volunteer (over 18) _____

Address of volunteer _____

City/State/ZIP of volunteer _____

Phone of volunteer _____ Cell _____