

Samaritan's Purse

Authorization and Release (Adult)

I hereby understand and agree:

1. My participation in Samaritan's Purse activities is as a volunteer and not as an employee;
2. To assume all risks and liabilities that may result from my participation as a volunteer, and to release and forever discharge and hold harmless Samaritan's Purse, its employees, representatives, and agents from any and all actions, cause of action, claims, demands, and liabilities arising out of injury to or damage sustained by me, except to the extent caused by the reckless or intentional actions of Samaritan's Purse, its employees, representatives, or agents;
3. To indemnify Samaritan's Purse against any and all liability or loss, and against all claims or actions arising out of damage or injury to persons or property, caused by me; and
4. That as a condition of my being a volunteer, I will provide complete medical insurance coverage for any medical expenses that may be incurred as a result of my volunteer activities.
5. I authorize Samaritan's Purse to publish, copyright, and lawfully use any photographs or film footage taken of me and any statements to testimonials made by me as a volunteer.

Volunteer Signature

Volunteer Name (Print)

Date

Authorization and Release (Minor)

I/We the parent(s) or the guardian(s) of _____, authorize my/our child to participate as a volunteer in all Samaritan's Purse activities.

1. To assume all risks and liabilities that may result from my/our child's volunteer activities, and release and forever discharge and hold harmless Samaritan's Purse, its employees, representatives, and agents from any and all actions, cause of action, claims, demands, and liabilities arising out of injury to or damage sustained by my/our child, except to the extent caused by the reckless or intentional actions of Samaritan's Purse, its employees, representatives, or agents;
2. To indemnify Samaritan's Purse against any and all liability or loss, and against all claims or actions arising out of damage or injury to persons or property, caused by my/our child; and
3. That as a condition of my/our child's being a volunteer, I will provide complete medical insurance coverage for any medical expenses that may be incurred by my/our child as a result of his/her volunteer activities.
4. I/we authorize Samaritan's Purse to publish, copyright, and lawfully use any photographs or film footage taken of my/our child and any statements to testimonials made by my/our child as a volunteer.

Parent or Guardian Signature

Parent or Guardian Name (Print)

Date