



Hospital Sisters  
**MISSION OUTREACH**  
*A healing presence for the life of the world*

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*Participant Liability Release Form*

Please read before signing, as this constitutes Participant's agreement and understanding as a volunteer of Participant's working relationship with Hospital Sisters Mission Outreach Corporation (Mission Outreach), which shall be effective from and after the date set forth below and shall continue in effect thereafter unless and until revoked or amended in a written document signed by the undersigned.

The undersigned (which shall refer to Participant and Participant's parent or legal guardian, if applicable) acknowledge(s) and state(s) the following:

Participant has chosen to perform volunteer work for Mission Outreach.

The undersigned understand(s) that performing volunteer work for Mission Outreach may entail a risk of physical injury, and that the work and activities may involve physical labor, possibly some heavy lifting, and other strenuous activities. The undersigned further understand(s) that Participant has an option and obligation to decline to do any work for which Participant feels physically or emotionally unfit. The undersigned certify(ies) that Participant is in good health and physically able to perform the various tasks which may be involved in volunteering at Mission Outreach.

The undersigned understand(s) that Participant is engaging in volunteer work for Mission Outreach at Participant's own risk and that this is an activity to support individuals in need. The undersigned assume(s) all risk and responsibility for any damage and/or injury to Participant's property or personal injury which Participant may sustain while involved in volunteer work for Mission Outreach, and any related or resulting medical costs and/or expenses.

The undersigned understand(s) that Participant will take instructions only from an employee or staff volunteer of Mission Outreach. Participant will act in a safe manner when performing volunteer work.

## **Participant Liability Release Form**

By signing below, the undersigned (for himself or herself and for the undersigned's estate and heirs), to the fullest extent permitted by law, hereby release(s), discharge(s), indemnify(ies) and forever hold(s) harmless Mission Outreach Corporation, together with Mission Outreach Board of Directors, officers, agents and employees, from any and all causes of action arising and damages or other costs incurred from Participant's participation in volunteer work for Mission Outreach and travel associated with such participation.

**(PLEASE PRINT)**

PARTICIPANT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BIRTHDAY: (month) \_\_\_\_\_ (day) \_\_\_\_\_

IF YOU ARE VOLUNTEERING AS PART OF A GROUP/CLUB, PLEASE SHARE THE NAME:

\_\_\_\_\_

CITY OF GROUP/CLUB: \_\_\_\_\_

Do you have any special skills?  medical knowledge (please specify): \_\_\_\_\_

biomedical knowledge  CDL  basic electrical knowledge

*I would like to be included in the Mission Outreach mailing list:*  yes  no

*I would like to receive e-mails about:*  volunteer opportunities/announcements  e-newsletter

*I consent that all photographs/recordings taken of me may be used for promotion:*  yes  no

PARTICIPANT'S SIGNATURE: \_\_\_\_\_  
(PLEASE SIGN)

IN CASE OF EMERGENCY, CONTACT:

\_\_\_\_\_  
(PRINT CONTACT'S NAME) (RELATIONSHIP TO PARTICIPANT) (CONTACT'S PHONE)

\*PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_  
(PLEASE SIGN)

DATE: \_\_\_\_\_

**\*Parent/Guardian's signature is required on this form if participant is under 18 years of age.**