



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

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.

Mission Outreach 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 Hospital Sisters Mission Outreach Corporation, together with the 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 CLEARLY)

PARTICIPANT: _____ DATE: _____
(SIGN)

PRINT NAME: _____

PHONE: _____ E-MAIL: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE VOLUNTEERING AS PART OF A GROUP/CLUB, PLEASE LET US KNOW THE
NAME OF THAT GROUP/CLUB: _____

IN CASE OF EMERGENCY CONTACT:

(PRINT NAME)

PHONE NUMBER OF YOUR EMERGENCY CONTACT:

*PARENT/GUARDIAN SIGNATURE _____
(SIGN)

DATE: _____

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

Hospital Sisters Mission Outreach
P.O. Box 1665
Springfield, IL 62705