



4115 Post St
Jacksonville FL 32205
(904) 338-0920 ofc
(904) 338-0946 fx

Volunteer Release and Waiver of Liability

In consideration of my participation as a volunteer at/with Presbyterian Social Ministries, Inc. (PSM), I hereby assume full responsibility for any and all property damage or bodily injury that I may sustain while participating in any activity of any nature, (including the use of equipment and facilities) at PSM.

In the event of an accident, injury or illness, I understand that PSM does not assume any responsibility or obligation to provide assistance, including but not limited to medical, health or disability treatment or insurance.

In consideration of my participation at PSM, I agree to have my video, audio, photographic likeness and/or biography used by PSM. I understand that I will receive no monetary compensation for the rights granted.

I agree to indemnify and hold harmless PSM, its Board of Directors, and their officers, employees and agents from any liability, loss or expenses arising from any claim or litigation that arises from my participation in the program.

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Florida, and that if any portion thereof is held invalid, the balance shall continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read this document, understand the contents thereof, and sign this release as my own, free act.

I, the undersigned, am at least 18 years of age or I am the parent or legal guardian of a participant who is less than 18 years of age. I have read this Release and Waiver of Liability and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Printed Name of Participant if 18 yrs+

Signature Date

Printed Name of Parent/Guardian
If Participant is under 18yrs old

Signature Date

Staff Witness: Name & Title

Date