



Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Current age: \_\_\_\_\_

## WOW (Win Our World)

### Waiver and Release

The individual named above desires to participate as a Volunteer for WOW (St. John's Lutheran Church and all mission partners associated with WOW) and engage in the activities related to being a Volunteer. The Volunteer understands that the activities may become physically stressful and or dangerous and include cleaning, building or construction work, working with children and the elderly, being transported in vehicles to and from work site locations and related group activities, and include consuming food and living in accommodations set up by the WOW ministry program.

For and in consideration of the right to participate in the WOW ministry program, Volunteer agrees and accepts the following terms and conditions:

#### **1. LIABILITY WAIVER AND RELEASE**

Volunteer does hereby release and forever discharge and hold harmless WOW, its affiliated organizations and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arises or may hereafter arise from the Volunteer's work for WOW. Volunteer understands that this Release discharges WOW from any liability or claim that the Volunteer may have against WOW with respect to any bodily injury, personal injury, illness, disease, death, or property damage that may result from, or in any way grow out of, Volunteer's work for WOW whether caused by the negligence of unrelated third parties, WOW or its affiliated ministry partners, officers, directors, employees, agents, or otherwise in whole or in part.

#### **2. FINANCIAL ASSISTANCE AND INSURANCE NOT PROVIDED**

Volunteer confirms and acknowledges that, except as WOW may accept in writing, WOW has no responsibility for or obligation to provide financial assistance directly to volunteer and or any third party provider or other assistance including but not limited to medical, health or disability insurance, in the event of any injury or illness while participating in the WOW ministry program and agrees to reimburse within 30 days WOW fully for any such financial assistance rendered.

***Continued on back***

**Participant Name:** \_\_\_\_\_

**3. PHOTOGRAPHIC RELEASE**

As a part of potential publicity for the WOW program, it is understood that photographs may be taken of volunteers during various activities. Please check the appropriate line below.

\_\_\_\_\_ WOW has permission to publish and use volunteer pictures at its sole discretion to promote the ministry.

\_\_\_\_\_ I would prefer that my picture not be published.

**CAUTION!**

Read before signing:

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Natural Parent or Legal Guardian Signature  
(if participant is under 18)

\_\_\_\_\_  
Date

Notary seal

The above person appeared before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ and confirmed that they had read and signed this document for the purposes indicated above.

My commission expires: \_\_\_\_\_