VOLUNTEER SERVICES ASSUMPTION OF THE RISK AND RELEASE (ADULT)

(To be signed by volunteer performing services for or on behalf of First Baptist Church of Palmetto)

Description of services to be performed including but not limited to: Painting, repairs, landscaping (including operating heavy equipment), cooking, cleaning, sorting, moving, shopping, delivering food, glass cleaning, construction and car washing)

Date[s] of volunteer service: January 1, 2026 – December 31, 2026

I certify that I am physically and emotionally able to participate in these activities. If I have medical conditions that may potentially impact or be impacted by the activity listed above, I have listed them below, In the event of an emergency, I hereby authorize First Baptist Church of Palmetto staff or volunteers, and/or emergency and medical personnel to make emergency medical decisions for me.

I understand and hereby agree to assume all of the risks which may be encountered by my performance of volunteer services conducted for or on behalf of First Baptist Church of Palmetto, including transportation to and from said events. In consideration of my being permitted to participate in the event(s) described above and other valuable considerations the receipt of which is acknowledged, I hereby agree to release, defend, indemnify, and hold harmless First Baptist Church of Palmetto and its agents and employees from any and all past, present, and future, known and unknown liabilities, actions, causes of action, claims, expenses, and damages (including without limitation, interest, penalties, court costs, attorney's fees and expenses) resulting from or on account of injury to myself, including exposure to COVID-19 and any resulting illness, or my property in connection with any event anticipated by this form. I further release any and all claims brought by or through me, including claims for loss of consortium and all similar claims based on relationships with other people. I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted in the State of Florida and that if any portion thereof is held invalid, it is agreed that the remainder shall, notwithstanding, continue in full legal force and effect. I also agree that any controversy or claim, by or through the party signing this release, arising out of or relating to the activities anticipated by this form shall be settled by binding Christian arbitration conducted by the National Center for Life and Liberty or another Christian arbitrator, and judgment on the award may be entered in any court having jurisdiction thereof. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act. This is a legally binding agreement which I have read and understand.

_____
Volunteer Name

_____ _____
Volunteer Signature Date

MEDICAL/INSURANCE INFORMATION (Please fill in all information. Write "none" where needed.)

Primary emergency contact person & phone _____

Alternative emergency contact person & phone _____

Known allergies & type of reaction _____

Chronic Illnesses _____