



MINISTRY PROGRAM FUND

VOLUNTEER OR PARTICIPANT AGREEMENT

Please complete this form prior to the event.

Name _____
(Last) (First) (M.I.)

Address _____

Phone _____

POSITION: As assigned, and/or helping with a variety of WaterStone tasks, activities, or fund raising events.

Participant agrees to the Following:

I, _____ certify I am 18 yrs or older and as a volunteer or a participant at a fund raising event for WaterStone, Ministry Program Fund, # _____, understand that I am not an employee, agent, subcontractor, or independent contractor of or any agent of WaterStone I further understand WaterStone will not provide me with any pay, compensation, insurance, worker's compensation, or any other benefit to which an employee may be entitled.

To my knowledge I have no restrictions that would keep me from performing the duties I have accepted, and at no time will I undertake responsibilities that would aggravate a pre-existing medical condition.

In consideration of my being allowed to work as a volunteer or as a participant for _____, Ministry Program Fund, # _____, I, the undersigned, hereby release, forever discharge and agree to indemnify and to hold harmless WaterStone, and it's officers, directors, employees, agents, contractors and subcontractors, from and against any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, and including, without limitation, attorney's fees and court costs, and any and all other liabilities of any nature whatsoever which may be incurred by me or which may arise from my activities as a volunteer or participant.

Thank you for your understanding and compliance with this policy.

Signature

Date

If the Participant is a Minor, Their Guardian Agrees to the Following:

- I agree to waiver any and all rights and claims for damage that I or my spouse may have against WaterStone and its agents, employees, and representatives for any and all injury, damage, or loss sustained by the participants arising directly or indirectly out of the event.
- I further agree that, in the event that I, my spouse, the participant, or another child in my care should make any claim against WaterStone for damage, injury, or loss arising directly or indirectly out of event participation, I will personally indemnify, defend and hold harmless the trip sponsor and its agents, employees, and representatives against any and all such injury, damage, or loss; and
- I authorize the sponsors or their representative to obtain any medical treatment for the participant that should appear to be necessary during the event, and I will be responsible for the payment of expenses relating to such illness or injury.

I affirm that I have the right to authorize and agree to the foregoing. I have carefully read and understand this agreement, and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signature of Parent/Guardian

Date

Print Name