



Event Volunteer Registration

Name:		Phone:	Date of Birth:
email:		Organization / Congregation Name:	
Street Address:		City :	Zip Code:
Emergency Notification / Guardian Information:		Telephone:	
Do you have any health concerns which may impact your ability to perform your volunteer role? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please describe:	
Project Interests: Gardening Yard work Home organization Socialization / Visits Light housekeeping Painting Minor home repair Minor Electrical		Please list any special interests, skills or qualifications:	

RELEASE AND WAIVER OF LIABILITY

In consideration for receiving permission to participate in the **Serving our Seniors / SOS program**, I RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, The Woodlands Religious Community, Inc., a Texas non-profit corporation, doing business as Interfaith of The Woodlands and its board members, officers, employees and agents (referred to herein as the "Released Parties") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or any of my property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES, or otherwise, while participating in the Activity, or while in, on or upon the premises where the Activity is being conducted.

I elect to voluntarily participate in the Activity with full knowledge that the Activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage of property owned by me, as a result of being engaged in the Activity, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASED PARTIES from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my participation in the Activity, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASED PARTIES or otherwise. IT IS MY INTENT TO RELEASE EACH OF THE RELEASED PARTIES FROM THE CONSEQUENCES OF HIS OR HER OWN NEGLIGENCE. It is my express intent that this waiver of liability and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the RELEASED PARTIES. **THIS IS A RELEASE OF LEGAL RIGHTS. BE CERTAIN YOU READ AND UNDERSTAND THIS RELEASE BEFORE SIGNING IT.**

I HAVE READ AND UNDERSTOOD THIS DOCUMENT AND MY SIGNATURE EVIDENCES MY INTENT TO BE BOUND BY ITS TERMS.

Signature: _____
 Parent / Legal Guardian (if under 18 years of age).

Date: _____

Pre-Registration is required to participate.

Return registration by February 17, 2012

Please arrive at Interfaith at 7:30am on March 3, 2012

Interfaith of The Woodlands ▪ 4242 Interfaith Way ▪ The Woodlands, TX 77381

Fax: 281-292-3223 or email: abadnek@woodlandsinterfaith.org

www.woodlandsinterfaith.org