

## SAVING GRACE, INC. DEPENDENT VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

*This Release and Waiver of Liability is executed in favor of Saving Grace, Inc. and its respective directors, officers, employees, and agents. Saving Grace Inc. is organized and exists under the laws of the United States as a section 501(c)(3) tax exempt corporation.*

I, \_\_\_\_\_, do hereby give consent for my dependent, \_\_\_\_\_, to participate in all activities of Saving Grace, Inc.. I understand the scope of this relationship with Saving Grace, Inc. is limited to a volunteer position and no compensation is expected in return for services provided; and Saving Grace, Inc. will not provide any benefits traditionally associated with employment. My dependent is serving Saving Grace, Inc.'s activities as a participant or volunteer. I am responsible for their insurance coverage in the event of personal injury or illness as a result of participation in activities at Saving Grace, Inc..

\_\_\_\_\_ Waiver of liability: I release and forever discharge and hold harmless Saving Grace, Inc. and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my dependent's activities as a Volunteer with Saving Grace, Inc. I understand and acknowledge that this release discharges Saving Grace, Inc. from any liability or claim I may have against Saving Grace, Inc. with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services they provide to Saving Grace, Inc. or occurring while they are providing volunteer services.

\_\_\_\_\_ Insurance: I affirm my dependent is covered by primary medical insurance and understand I am responsible for their medical bills if injury occurs. Further, I understand Saving Grace, Inc. does not assume any responsibility for or obligation to provide me or my dependent with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to his or her property. I expressly waive any such claim for compensation or liability on the part of Saving Grace, Inc. beyond what may be offered freely by Saving Grace, Inc. in the event of such injury or medical expenses incurred by my dependent.

\_\_\_\_\_ Assumption of Risk: I understand the services provided by my dependent to Saving Grace, Inc. may include activities inherently dangerous to them, including, but not limited to, operating lawn and/farm equipment and machinery with the proper training, exposure to secondary trauma, and manual lifting. I hereby expressly assume the risk of injury or harm to my dependent from these activities and Release Saving Grace, Inc. from all liability for injury, illness, death, or property damage resulting from the services my dependent provides as a volunteer, while participating in events, or due to negligence.

\_\_\_\_\_ Photographic Release: I, grant and convey to Saving Grace, Inc. all right, title, and interests in any and all photographs, images, video or audio recordings of my dependent or their likeness or voice made by Saving Grace, Inc. in connection with the Volunteer participating in Saving Grace, Inc. events, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

\_\_\_\_\_ Medical Treatment: I, hereby release and forever discharge Saving Grace, Inc. from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Saving Grace, Inc.. I give my consent for Saving Grace, Inc. to provide, administer, or obtain medical treatment for my dependent.

\_\_\_\_\_ Other: I, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Arkansas and this Release shall be governed by and interpreted in accordance with the laws of the State of Arkansas. I agree that in the event any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

**By signing below, I, the legal guardian of the above named dependent, express my understanding and intent to enter into this Release and Waiver of Liability knowingly and voluntarily.**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date