



PO Box 833, Soldotna, AK 99669
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ALASKA MISSIONS VOLUNTEER WAIVER

Effective Date ____/____/____ Birthdate ____/____/____

Volunteer: [Legal Name]_____

Located at [Address]_____

[City]_____ [State]_____ [Zip]_____

Phone Number (____)____-____ [Type]_____

Email: _____

Organization: **Alaska Missions and Retreats 501(c)3**

Physical Address: **44424 Kalifornsky Beach Road
Soldotna, AK 99669**

Mailing Address: **P.O. Box 833
Soldotna, AK 99669**

I, the above listed Volunteer, desire to work as a volunteer for the Organization and engage in the activities related to being a volunteer for a work project.

I hereby voluntarily, execute this Volunteer Waiver under the following terms:

I, the Volunteer, release and hold harmless the Organization 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 arise or may hereafter arise from my volunteer work with the Organization.

I understand that this Waiver discharges the Organization from any liability or claim that I, the Volunteer, may have against the Organization with respect to bodily injury, personal injury, illness, death or property damage that may result from my participation on the Organization's work site. I also fully understand that the Organization does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of the Organization beyond what may be offered freely by the representative of the Organization in the event of such injury or medical expense.

I hereby release the Organization from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with the Organization.

I understand that my time with the Organization may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Organization from all liability for injury, illness, death or property damage resulting from the activities of my time with the Organization.

I grant unto the Organization all right, title and interest in any and all photographic images and video or audio recordings that are made by the Organization during my work with the Organization, including, but not limited to, any royalties, proceeds or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Alaska in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Alaska. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to enforceable.

Volunteer's Signature (Signature of Parent or Guardian if a minor)

Date

Print Volunteer's Name

Mission Outreach Project I am Attending

Team Name