

METROPOLITAN MINISTRIES VOLUNTEER AGREEMENT AND RELEASE (AGREEMENT)

VOLUNTEER INFORMATION

Last Name _____ First Name _____ MI _____

DOB _____ Email _____

Address _____ City _____

State _____ Zip _____ Phone _____ Group Epiphany Lutheran Church - Youth Group

Emergency Contact _____ Phone _____

I, the undersigned, wish to volunteer my services to Metropolitan Ministries, a not-for-profit Florida corporation whose mission is to help the homeless and those at risk of becoming homeless. Additionally, I wish to volunteer my services at various Metropolitan Ministries partner organizations. Partner organizations include formal and informal arrangements between Metropolitan Ministries and organizations in the community with similar or complimentary missions focused on helping the homeless and those at risk of becoming homeless. In consideration for allowing me to participate as a volunteer at Metropolitan Ministries' and in consideration of Metropolitan Ministries locating, arranging, coordinating, and making available volunteer opportunities at partner organizations, I hereby agree and release Metropolitan Ministries and any partner organizations I engage with as follows:

I acknowledge and affirm that during my participation as a volunteer, I may be exposed to hazards and risks, foreseen or unforeseen, which are inherent in performing volunteer service and cannot be eliminated without destroying the unique character of the experience. These inherent risks include, but are not limited to, the dangers of serious personal injury and property damage ("Injuries and Damages") and I acknowledge and agree that Metropolitan Ministries and its partners assume no responsibility for my safety or the safety of anyone who participates with me. I further acknowledge and agree that Metropolitan Ministries and any partners have no obligation to inform or disclose any potential risks to me. I know that Injuries and Damages can occur by natural causes or the conduct and activities of other persons, volunteer participants including staff or third parties, either as a result of negligence or due to other reasons. I understand that the risk of such Injuries and Damages is inherent in my participation as a volunteer, and I voluntarily assume such risks. I further understand that Metropolitan Ministries and any partners will not provide any medical or mechanical assistance, care, or services in connection with this experience.

I agree to the fullest extent allowed by law, to unconditionally and absolutely WAIVE, INDEMNIFY, DISCHARGE AND RELEASE FROM LIABILITY Metropolitan Ministries and its partners, its officers, directors, employees, agents, or those acting on its behalf from any and all liability on account of, or in any way resulting from Injuries and Damages in any way connected with this experience, even if caused by the negligence of Metropolitan Ministries or its partners, its officers, directors, employees, agents, or those acting on its behalf. I further agree to HOLD HARMLESS Metropolitan Ministries and its partners, its officers, directors, employees, agents, and leaders from any claims, damages, injuries, or losses caused by my conduct. I understand and intend that this Agreement is binding upon my heirs, executors, legal representatives, administrators and assigns, or any third parties.

I agree to allow Metropolitan Ministries and its partners, its assigns and successors, and those acting under Metropolitan Ministries' permission, the right to reproduce, publish, circulate, copyright, or otherwise use or share my story, likeness and image (still or video) in connection with my participation as a volunteer at Metropolitan Ministries and its partners. I understand that by granting my consent, my story, image, or likeness may appear in the public media, including print, internet, or broadcast media, or as part of an advertisement to promote Metropolitan Ministries or its partners. I further relinquish all rights, title or interest to any furnished products, reproductions or facsimiles.

I acknowledge that this Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this

Agreement shall not be affected thereby and shall remain valid and fully enforceable. The laws of the state of Florida shall govern this Agreement.

I further acknowledge that I have read this document in its entirety and I agree to abide by all procedures and freely and voluntarily assume all risks of such Injuries and Damages for volunteers and notwithstanding such risks, I agree to participate as a volunteer.

MM cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 or other communicable diseases while volunteering at MM. It is not possible to prevent the presence of COVID-19 or other communicable diseases. Therefore, if you choose to volunteer for MM and/or enter onto or into any MM location or facility you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19 or other communicable diseases, which could result in quarantine requirements, serious illness, disability, and/or death.

I understand that I play a crucial role in keeping everyone at MM safe and reducing the risk of exposure. I may be asked to wear a mask or cloth face covering or take such other personal protective measures as recommended by the Centers for Disease Control and Prevention ("CDC") or consistent with other federal, state, or local requirements or guidelines or MM's policies and procedures. I agree, represent, and warrant that I will not visit or volunteer at any MM activity/program if I (i) experience any symptoms identified by the CDC as associated with COVID-19 or (ii) have a suspected or diagnosed/confirmed case of COVID-19. I agree to notify MM immediately if I believe that any of the foregoing access/use restrictions may apply. I understand that failure to comply with this release or instructions from MM staff may result in my volunteer privileges being removed and being asked to leave the premises.

In consideration for being allowed to volunteer and/or enter onto or into any MM location or facility, I acknowledge and agree that I am aware of the risks associated with volunteering at any MM activity/program or entrance onto or into any MM location or facility and, in that regard and assuming such risks, I hereby fully waive, release, indemnify, and discharge MM and their respective agents, employees, directors, officers, contractors, and volunteers (collectively, the "Released Parties") from any and all liability and/or responsibility to me, my child(ren), or any third party for illness, injury, and/or death to me and/or any direct, indirect, punitive, incidental, or any damages or losses that arise out of or relate to my volunteering for any MM activity/program and/or entrance onto or into any MM location or facility, including, but not limited to, exposure, infection, or transmission of COVID-19.

MY SIGNATURE BELOW IS CONFIRMATION THAT I HAVE READ AND FULLY UNDERSTAND AND ACKNOWLEDGE THE CONTENTS OF THIS RELEASE AND AGREE THAT I AM KNOWINGLY ASSUMING ANY RISK AND VOLUNTARILY WAIVING, RELEASING, INDEMNIFYING, AND DISCHARGING MM AND THE RELEASED PARTIES FROM ANY CLAIMS.

Participant Printed Name

Signature

Date

Parent Printed Name

Signature

Date