

SAMARITAN'S FEET INTERNATIONAL VOLUNTEER INFORMATION FORM

PARTICIPANT NAME (FIRST & LAST): _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ MINOR: Yes or No

EMAIL: _____ BIRTHDAY: ____ / ____ / ____

NAME OF ORGANIZATION/CHURCH (IF ANY): _____

I HAVE A MILITARY EXPERIENCE (CHECK ALL THAT APPLY):

- Active Military Veteran

PLEASE SEND ME EMAILS ABOUT:

- General News Volunteering International Trips Monthly Donor

AUTHORIZATION AND RELEASE

I hereby agree and understand:

1. My participation in Samaritan's Feet International activities is as a volunteer and not as an employee.
2. To assume all risks and liabilities that may result from my participation as a volunteer, and to release and forever discharge and hold harmless Samaritan's Feet International, its employees, representatives and agents from any and all actions, causes of action, claims, demands, and liabilities arising out of injury to or damage sustained by me, except to the extent caused by the reckless or intentional actions of Samaritan's Feet International, its employees, representatives, or agents.
3. To indemnify Samaritan's Feet International against any and all liability or loss, and against all claims or actions arising out of damage or injury to persons or property, caused by me.
4. That as condition of my being a volunteer, I will provide complete medical insurance / coverage for any medical expenses that may be incurred as a result of my volunteer activities.
5. Any individual listed on a sex and violent offender registry or has been convicted of an offense for which he or she must register as a sex or violent offender may not serve as a volunteer.
6. MEDIA: In consideration of the use of my likeness, and for other good and valuable consideration herein acknowledged as received, I hereby grant, in perpetuity, to Samaritan's Feet International, its successors and assigns, exclusive authority and permission as follows:
 - I perpetually and irrevocably give Samaritan's Feet International, and its subsidiaries, affiliates, licensees, successors, assigns, agents, contractors, and partners, my consent and authorization to use my likeness in any medium and for any purpose whatsoever.
 - I waive any right to see or approve any recording of my likeness and any materials in which my likeness is used. I agree and understand that my likeness may be modified or distorted and that my own name, a fictitious name, or no name may be used in association with my likeness.
 - I irrevocably release, discharge, and hold harmless Samaritan's Feet International, and its subsidiaries, affiliates, licensees, successors, assigns, agents, and contractors from any claims, demands, or causes of action that I may now have or may hereafter have for defamation, slander, libel, invasion of privacy or right of publicity, copyright infringement, or any other right arising out of or relating to the use of my likeness.
7. COVID-19: To adhere to the new safety measures that Samaritan's Feet International has implemented in guidance from the Department of Health and Human Services.

If the participation is 18 years of age or older:

By signing this Authorization and Release, I agree, that I have read this Authorization and Release and fully understand its contents, and that this Authorization and Release shall be binding upon me and my heirs, legal representatives, and assigns.

PRINTED NAME: _____

SIGNATURE: _____ DATE: _____

If the participant is under the age of 18:

I warrant that I am the parent or legal guardian of the above named person (the "Participant"), and I irrevocably consent to and authorize all of the foregoing on behalf of Participant and myself.

PRINTED NAME OF PARENT/LEGAL GUARDIAN: _____

SIGNATURE: _____ DATE: _____