**Volunteer Release and Indemnity Agreement**

I do hereby acknowledge that I am entering upon a voluntary endeavor and that as a volunteer, I am paying my own expenses for the purpose of helping others in times of the “Volunteer Opportunity”. I certify that I am in good health and physically able to perform the Volunteer Opportunity.

I understand that I am engaging in this project at my own risk. I assume all risk and responsibility for any damage or injury to my property, or any personal injury that I may sustain while involved in the Volunteer Opportunity. I understand that I have the responsibility of providing my own health and accident insurance while participating in the Volunteer Opportunity. I also understand that in order to operate a vehicle during this Volunteer Opportunity, I am required to have a valid driver’s license and automobile insurance.

I agree to indemnify and hold harmless the Baptist Convention of Maryland/Delaware, their employees and representatives, successors or assigns, directors, officers, trustees, and insurers from any and all claims, injuries, damages, losses, expenses or attorney fees incurred by me, my heirs, administrators, executors or assigns arising from my participation in this project, including travel associated therewith, or any damages which may be caused by their own negligence.

I hereby grant and authorize Baptist Convention of Maryland/Delaware the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, websites, social networking sites and other print and digital communications, without payment or any other consideration.

For and on behalf of myself, my heirs, administrators, executors, assigns and all other persons, firms or corporations, I do hereby release and discharge from liability the Baptist Convention of Maryland/Delaware, their employees and representatives, successors or assigns, directors, officers, trustees, and insurers from any claims, demands, damages, actions, causes of actions which I , the undersigned, have or may hereafter and on account of, or any way growing out of injuries or damages both to persons or property resulting or that hereafter result from the Volunteer Activities.

I further state that I have carefully read the foregoing assumption of risk and release of liability and understand its contents, and I voluntarily sign this release as my own free act.

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE\_\_\_\_\_\_\_\_\_\_\_\_ ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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