



BACK BAY MISSION HOUSING RECOVERY VOLUNTEER WORK GROUP OPPORTUNITIES

ADULT LIABILITY RELEASE FORM

To be signed by each Adult (age 18 or over)

Please return to Back Bay Mission, 1012 Division St., Biloxi, MS. 39530 or Fax to: 228-374-2922 at least three weeks before your date of arrival at work project. A volunteer will not be allowed on the housing construction or rehabilitation job site until Back Bay Mission has received this signed release form.

<u>Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship with Back Bay Mission.</u>

| l,(Print Name | , acknowledge and state the following: |
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| I understand that this worl activity; and that some activity; and that some activity; and that I am englibrous and respective and respective project, and related mack Bay Mission has arreproperty and will not provi | the work site to perform housing construction and rehabilitation work. It centails a risk of physical injury and often involves hard physical labor, heavy lifting, and other strenuous tivities may take place on ladders and building framing other than ground level. Inealth and physically able to perform this type of work. It is project at my own risk. It is project a |
| Church of Christ, together | elf, my estate and my heirs, I release, discharge, indemnify and forever hold Back Bay Mission or the United with their officers, agents, servants and employees, harmless from any and all causes of action arising from eject, and travel or lodging associated therewith, including any damages which may be caused by their own |
| Signature: | Date: |
| Witness: | |
| Date of Planned Work Trip | o: Name of Sending Church or Organization: |
| | PHOTO RELEASE AUTHORIZATION |
| publications and displays | ssion to Back Bay Mission to use photographs for reproduction on the Mission's web site or in any other official without further consideration or compensation, and I acknowledge the Mission's right to crop or treat the on. I further agree to the use of my name in any or all photographic renderings. |
| Signature: | Date: |
| Witness: | |
| Date of Planned Work Trip | o: Name of Sending Church or Organization: |