



6326 Main Avenue #22
Orangevale, CA 95662
(916) 246-0051
info@lastministry.org

Volunteer & Medical Waiver of Liability & Agreement

In consideration of my participation in all Volunteer Activities at LAST Ministry, Home at LAST, and LAST Boutique, I, _____, hereby release LAST Ministry, its Board, employees, volunteers or agents, [hereinafter, the “releasees”] from any and all liability for loss or damage to property, illness, personal injury, or wrongful death, whether caused by the negligence of the releasees or otherwise, while I am in, upon, or about the premises or any facilities, vehicles, or equipment owned or operated by LAST Ministry or other releasees.

I understand that it is my choice to engage in any and all activities. I agree to assume full responsibility for all costs associated with damage or loss of property, medical expenses from sickness or personal injury, or otherwise that may occur while volunteering for LAST Ministry.

I hereby grant authority for LAST Ministry to seek appropriate medical treatment and to make health care decisions on my behalf in case of medical emergency.

I have read and signed the **Volunteer Participation Agreement** and agree to its rules and regulations. I will conduct myself appropriately, as outlined in this agreement, at all times while on the premises of, or engaged in any activity of LAST Ministry.

I give permission for LAST Ministry to use any pictures or video footage taken of myself to be used in such promotional materials such as, but not limited to, the Newsletter and Website published by LAST Ministry, or any classes they might teach.

I understand that this agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I Have Read and Agree to this Release and Waiver of Liability.

Participant: _____ **Date:** _____

Parent or Guardian: _____ **Date:** _____
(if under 18 years old)



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Participant Information

Name (please print legibly): _____

Street Address or PO BOX: _____

CITY: _____ STATE: _____ ZIP: _____

Cell Phone #: _____ Email Address: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Church or Organization Name: _____

Street Address or PO BOX: _____

CITY: _____ STATE: _____ ZIP: _____

Insurance & Medical Information (REQUIRED):

Insurance Company Name: _____

Policy Holder _____ Policy Number _____

Allergies (medicine, food, insect bites, etc.): _____

Medical conditions we should be aware of in case of emergency:
