



WAIVER AND RELEASE FROM LIABILITY FORM

Beyond Our Walls is an interfaith based organization working to help the community. We are a charitable organization of limited resources. The majority of our needs are met through volunteers who donate their time and money. The tasks that we undertake could result in an injury and we have insurance coverage for that purpose. (A description of this coverage is available upon request.) Out of concern for the welfare of our volunteers and a desire to economically provide services to individuals and agencies we are serving, we ask that all volunteers assume the risk of injury from any accident associated with their volunteer service for Beyond Our Walls and rely on their own insurance and resources in the event of such an accident or injury.

Waiver and Release from Liability Statement of Acceptance

I AM A VOLUNTEER WITH BEYOND OUR WALLS FOR A GREAT DAY OF SERVICE and have read the foregoing rules of this Waiver and Release from Liability provision. I understand that there is risk of injury involved in this volunteer project. I agree to assume that risk and waive any and all claims against Beyond Our Walls. I, the undersigned, independently, collectively, and on behalf of myself, my heirs, legatees, personal representatives, and all those claiming by or through me, consent to and do hereby discharge, release and hold harmless Beyond Our Walls and its affiliates, agents, employees, assigns, officers, directors, heirs and successors from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death), and property loss or damage incurred by myself or arising out of or in connection with my participation in any Beyond Our Walls Project. I further understand that by signing this waiver, I give Beyond Our Walls permission to use my image in public relations materials.

PLEASE PRINT

Participant Name: _____

Address: _____

City/State/Zip: _____

Phone: (Home) _____ **(Work)** _____ **(Cell)** _____

Email: _____

Emergency Contact: _____ **Phone:** _____

***Signature:** _____ **Date:** _____

**Must be signed by parent or legal guardian if under 18; may also be signed by a group leader, i.e. scout troop.*

Your relationship to minor (if applicable): Parent Legal Guardian Other _____

Beyond Our Walls is an interfaith organization that acts as a catalyst for change in the local community and beyond. We will connect to, support, and empower those in need and collaborate in finding solutions to local and global issues. We are committed to working together to learn from and about one another while respecting the beliefs of all, using our faith to guide us.

BOW (BEYOND OUR WALLS), P.O. BOX 567, BARRINGTON, RHODE ISLAND 02806

www.bowri.org

www.greatdayofservice.com