

Lighthouse Mission Waiver Form

Personal Information

Name: _____ Age: _____ Phone: _____

Address: _____

Email: _____

Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Permission For Publicity

On occasion, Lighthouse Mission will take photos of volunteers working to put on social media or their website to spread awareness of the ministry and encourage others to help.

___ Yes, I give permission for publicity.

___ No, I do not give permission for publicity.

Release of Liability

Participant over the age of 18

By signing this waiver form, I acknowledge that I am physically and mentally able to complete community service working in the Lighthouse Mission warehouse and/or main building. I acknowledge that there are certain risks involved in working.

I release Lighthouse Mission, its patrons, staff, and volunteers of all responsibilities for any sickness, injuries to body or property, which may occur to me during the course of community service. In the event of a medical emergency in which the alternate contact cannot be reached, I authorize the Lighthouse Mission Staff to call an ambulance and administer first aid if deemed necessary.

I understand that Lighthouse Mission may not allow me to continue working if I fail to adhere to the community service policies and expectations.

I have read the Permission/Wavier Form and I am fully aware of its contents. I give permission to the child named above to complete community service at Lighthouse Mission.

Signature of Parent/Guardian

Date

Parent of participant under the age of 18

By signing this waiver form, I acknowledge that my child is physically and mentally able to complete community service working in the Lighthouse Mission warehouse and/or main building. I acknowledge that there are certain risks involved in working.

I release Lighthouse Mission, its patrons, staff, and volunteers of all responsibilities for any sickness, injuries to body or property, which may occur to my child during the course of community service. In the event of a medical emergency in which I, or the alternate contact, cannot be reached, I authorize the Lighthouse Mission Staff to call an ambulance and administer first aid if deemed necessary.

I understand that Lighthouse Mission may not allow my child to continue working if they fail to adhere to the community service policies and expectations.

I represent that I am the Participant, or the parent/guardian of _____, who is under 18 years of age. I have read the Permission/Wavier Form and I am fully aware of its contents. I give permission to the child named above to complete community service at Lighthouse Mission.

Signature of Parent/Guardian

Date