



Volunteer Information Sheet
(Print clearly)

Today's date _____ Actual Start date _____ Birth date _____

Name _____

Address: _____ City & Zip _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Church/Organization Name: _____ Pastor/Contact: _____

In case of a medical emergency please contact::

Name: _____ Phone: _____

Please indicate any important medical information we need to know in case of an emergency:

*** I give consent to the Lawrenceville Co-op to use any photos of me for internal use and/or commercial use such as an "About" page on the website or for marketing purposes.**

Signature

****Please make sure to sign Lawrenceville Co-Op Waiver on back as well.**



This Release and Waiver of Liability ("Release") is executed on this ____ day of _____, 20____, by _____ ("Volunteer"). The Release is given in favor of Lawrenceville Cooperative Ministry Inc., a Georgia nonprofit corporation (the "Nonprofit"), any association(s) or nonprofit corporation(s) providing or arranging for volunteers, (the "Participating Organization") and any person or entity that is the recipient of services or work from Volunteer ("Recipient"), as well as their respective shareholders, parent and affiliated companies, directors, trustees, officers, employees, staff, members, agents, successors and assigns (individually a "Released Party" and collectively the "Released Parties"). In giving this Release, Volunteer intends to legally bind Volunteer and his or her heirs, administrators, executors, legal representatives, successors and assigns to the terms of this Release.

In consideration of the Nonprofit accepting Volunteer as a volunteer and allowing Volunteer to be present at Recipient's facilities or in the Nonprofit's facilities and for other good and valuable consideration, the receipt and sufficiency of which are acknowledged by Volunteer, Volunteer does hereby freely, voluntarily and without duress execute the following Release:

1. Waiver and Release. Volunteer covenants not to sue and does hereby release, forever discharge, defend and hold harmless the Released Parties from any and all liability, claims and demands and causes of action with respect to any bodily injury, personal injury, illness, death or property damage that may arise out of, occur during or result from Volunteer's work or services for the Nonprofit, Participating Organization or Recipient, regardless of whether caused in whole or in part by an act or omission of a Released Party.

2. Assumption of the Risk. The Volunteer understands that work or services for the Nonprofit as a volunteer may include activities that may be hazardous to the Volunteer and may, in some situations, involve inherently dangerous activities, including but not limited to operating motor vehicles or other mechanical equipment, lifting and moving heavy objects, climbing up and down steps or other high places, and using knives, box cutters and other sharp objects. Volunteer hereby expressly and specifically assumes the risk of damage, injury, harm or death in connection with such work or services for the Nonprofit as a volunteer.

3. Governing Law. This Release shall be governed by and interpreted in accordance with the laws of the State of Georgia without giving effect to its conflicts of laws rules. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable. Volunteer agrees that the sole and exclusive jurisdiction and venue for litigation between Volunteer and the Nonprofit shall be a state or federal court having jurisdiction over Gwinnett County, Georgia.

4. Accurate Reporting of Service Hours. In the event that Volunteer needs or intends to receive credit for the work or services that Volunteer performs for the Nonprofit as a volunteer, Volunteer agrees to accurately report to the Nonprofit the number of hours worked by Volunteer.

Volunteer's Signature _____
Age as of date of signing this Release (if under 18) _____

A parent or legal guardian must sign this Release if Participant is under 18 years of age
Parent/Guardian's Signature _____
Printed Name _____
Address _____
City/State/Zip _____
Phone: (h) _____ (w) _____