

St. Joseph Church – Mission of Hope **VOLUNTEER WAIVER OF CLAIMS**

I acknowledge and understand that I am volunteering of my own free will to provide free, volunteer, skilled and/or unskilled labor with respect to a Mission of Hope home and/or property project (jointly called the "Project"). I further acknowledge and understand the Project may contain hazardous substances or conditions to which I may be exposed in the course of my volunteer activities including, but not limited to, lead paint dust and chips (for example, in older layers of paint) or asbestos (for example in shingles, plaster, insulation or flooring), which exposure could be hazardous to my health. Nevertheless, I wish to participate in the Project as a volunteer ("Volunteer") and am willing to sign this Waiver of Claims as a required condition to participate in the Project. Therefore, without limiting the generality of the following statement, I hereby release the Catholic Diocese of Cleveland, St. Joseph Church and the Mission of Hope ministry it's directors, officers, agents, representatives, employees and sponsors from all liability, and waive all claims and rights to sue the Catholic Diocese of Cleveland, St. Joseph Church, or the Mission of Hope ministry for 1)

any and all injuries, losses, cos result of my participation in th personal injury or death, (b) po arising from my participation i	e Project as a Volun operty damage or d	teer, including, beliestruction, and (ut not limited t	co, claims resulting from (a)		
WAIVER AND RELEASE F	OR USE OF PICT	URES	YES	□ NO		
I do hereby give permission to and images in advertising and and grant to St. Joseph Church church's internet site or public nonprofit purposes including tannouncements, newsletters,	promotional activition the unlimited right tations. Such use of out not limited to: br	es for the church and authority to my photographs a cochures, informa	and its ministruse such photo and images by tional videos, I	ies. I expressly agree to ographs or images on the St. Joseph Church is for public service		
Signature (Participant/Parent or Guardian)			Phone Number			
Print Name	nt Name			Family Email Address		
Street Address/City/State/Zip		neir full names an	d ages below.			
1)	Age	5)		Age		
2)	Age	6)		Age		
3)	Age	7)		Age		
4)	Age	8)		Age		
Date		MOH DEVELOPMENT.F	ORM.SJC-MOH Waive	rs for Volunteer Participation 1/1/19 kmo		