

## Divine Nest Volunteer Liability Release Form

In consideration of my desire to serve as a volunteer in relief efforts to be conducted by Divine Nest I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary relief effort, disaster exercise or other activity of any nature, including the use of equipment and facilities of Divine Nest.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge Divine Nest and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Missouri 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 currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

# Divine Nest Performance Authorization, Release and Waiver of Liability

In consideration of the permission granted to me by Divine Nest to participate and/or have my video, audio, photographic and other copyrighted materials used (hereinafter referred to, collectively, as "My Participation") in the                     **(Project/Program)**                    , I hereby release Divine Nest, the State of MO, the Board of Directors, Heather Picker, Mike Picker, Chris Gardner and their officers, employees and agents from all actions, damages, or claims which I or my assigns may have against them which may be incurred as a result of My Participation in the above-described Program. Further, I agree to indemnify and hold harmless Divine Nest, the Board of Directors, Heather Picker, Mike Picker, Chris Gardner and their officers, employees and agents from any liability, loss or expenses arising from any claim or litigation that My Participation in the Program including my statements or actions, or material furnished by me violated or infringed the rights of third parties.

I authorize the use of my name, voice, photograph, likeness, performance and/or biography by Divine Nest, the Board of Directors, Heather Picker, Mike Picker, Chris Gardner and their officers, employees and agents in connection with any use of a product arising out of My Participation in the above-described Program. I authorize Divine Nest to obtain and hold copyrights in such Program and products, and to edit my performance and materials in its sole discretion.

I understand that Divine Nest, the Board of Directors, Heather Picker, Mike Picker, Chris Gardner has no obligation to air the Program, and that I will receive no monetary compensation for the rights granted herein. I understand and affirm that this Authorization and Release shall be considered consent to such use by Divine Nest under the provisions of MO Statutes.

I, the undersigned, am at least 18 years of age or I am the parent or guardian of a participant who is less than 18 years of age. I have read this Performance Authorization, Release, and Waiver of Liability and understand all its terms. I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Printed Name

## Divine Nest Parental Consent Form

*\* If you 18 or over, you do NOT need a parental consent form.*

I, the parent or guardian of \_\_\_\_\_, give my voluntary consent to his/her participation in Divine Nests and this outreach Service Event.

I hereby release Divine Nest, the Board of Directors, Heather Picker, Mike Picker, Chris Gardner, and their officers, employees and agents from any and all liability resulting from events beyond control.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary.

Furthermore, I release Divine Nest, the Board of Directors, Heather Picker, Mike Picker, Chris Gardner, and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above name.

\_\_\_\_\_

**Signature of Parent/Guardian**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Printed Name of Parent/Guardian**

(      ) \_\_\_\_\_

**Phone Number**

\*\*\*\*\*Please list any food allergies or any medical conditions below

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