



EAST FORT BEND HUMAN NEEDS MINISTRY, INC. VOLUNTEER RELEASE AND WAIVER OF LIABILITY

Name: _____

Address: _____ City: _____ Zip _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

I hereby release, indemnify, and hold harmless East Fort Bend Human Needs Ministry, Inc. from any and all liability claims, demands, and causes of action, of whatever kind or nature (including any injury caused by negligence) incurred in conjunction with volunteering during any event held by East Fort Bend Human Needs Ministry, Inc. In addition, East Fort Bend Human Needs Ministry, Inc. has my permission to use any photographs or videos taken for publicity purposes.

Signature: _____

Date: _____

IF VOLUNTEER IS UNDER 18, PARENT OR GUARDIAN MUST SIGN HERE:

Signature: _____

Date: _____

Non-Discrimination Policy

East Fort Bend Human Needs Ministry, Inc. is committed to equal opportunity and abides by all relevant laws and regulations. All EFBHNM programs and volunteer opportunities are administered without regard to race, gender, creed, national origin, age, political affiliation, marital status, sexual orientation, physical, mental or sensory handicap, or any other basis prohibited by law.