**METANOIA PRISON MINISTRIES**

**RELEASE AND WAIVER OF LIABILITY**

**FOR PRISON MENTORS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Volunteer”) for METANOIA PRISON MINISTRIES (“METANOIA”) desires to engage in the activities related to their participation in METANOIA’s prison mentoring program. The Volunteer does hereby, freely and without duress, execute this Release under the following terms:

**1. Waiver and Release**. The Volunteer does hereby release and forever discharge and hold harmless METANOIA (including its Directors, Officers, Staff, Employees and other volunteers), its successors and assigns, from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which have arisen or may hereafter arise from the Volunteer’s work with METANOIA, including transportation to and from the site of ministry. The Volunteer understands and acknowledges this Release discharges METANOIA from any liability, claims or suits the Volunteer may have against METANOIA with respect to any accident, personal injury or loss, illness, death or property damage that may result from the Volunteer’s work with METANOIA, whether or not caused by the negligence of METANOIA or its officers, directors, employees or agents.

**2**. **Medical Treatment**. The Volunteer does hereby release and forever discharge METANOIA from any claims whatsoever, which have arisen or may hereafter arise, on account of any first aid, treatment or services rendered in connection with the Volunteer’s work with METANOIA. The Volunteer further authorizes METANOIA to obtain necessary emergency medical attention in the event of accident or injury to the Volunteer while volunteering for METANOIA. The Volunteer also understands that METANOIA does not assume any responsibility for or obligation to provide medical assistance, or health or disability insurance, in the event of accident, injury or illness.

**3**. **Disclosure of Personal Information**. The Volunteer does hereby release and forever discharge METANOIA from any claims whatsoever, which have arisen or may hereafter arise, from the Volunteer’s disclosure of their personal information to any inmates, including, but not limited to, address, telephone number, and date of birth.

I have read and understand this Release and Waiver of Liability this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2019.

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

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