

# The Sparrow's Nest – Release and Waiver of Liability

(18 years of age and older)

Important: Each volunteer must read and sign the “Release and Waiver of Liability” before volunteering at The Sparrow’s Nest facility or event. Please initial statements 1-6 after reading. Please complete this form and email it to [info@TheSparrowsNestSTL.org](mailto:info@TheSparrowsNestSTL.org).

This Waiver of Liability (the “Waiver”) executed on this \_\_\_\_\_ of \_\_\_\_\_, 202\_\_, by the “Volunteer” \_\_\_\_\_ in favor of The Sparrow’s Nest, a non-profit corporation organized and existing under the laws of the State of Missouri, USA and its directors, officers, employees, and agents (collectively “Sparrow”).

I, the Volunteer, desire to work as a volunteer for The Sparrow’s Nest and engage in the activities related to being a volunteer for a work project or event. I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. **Waiver and Release.** I, the Volunteer, release and forever discharges and hold harmless Sparrow and its successors and assign from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which may arise or may hereafter arise from my work at Sparrow. I understand and acknowledge that this Release discharges Sparrow from any liability or claim that I may have against Sparrow with respect of bodily injury, personal injury, illness, death, or property damage that may result from participation on the Sparrow worksite or at a Sparrow event. It is also understood that Sparrow does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury, illness, death, or property damage. \_\_\_\_\_
2. **Insurance.** I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of Sparrow beyond what may be offered freely by the representative of Sparrow in the event of such injury or medical expense. \_\_\_\_\_
3. **Medical treatment.** I, the Volunteer, hereby release and forever discharge Sparrow from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time at Sparrow. \_\_\_\_\_
4. **Assumption of Risk.** I, the Volunteer, understand that my time with Sparrow may include activities that may be hazardous to me including, but not limited to, construction activities, loading and unloading heavy equipment and materials, and local transportation to and from work sites and events. I recognize and understand for my time with Sparrow may, in some situations, involve inherently dangerous activities. I hereby expressly assume the risk of injury or harm in these activities and release Sparrow from all liability for injury, illness, death or property damage resulting from the activities of the minor’s time at Sparrow. \_\_\_\_\_
5. **Photographic Release.** I grant and convey unto Sparrow all right, title, and interest in all photographic images and video or audio recordings made by Sparrow during my work with Sparrow. \_\_\_\_\_

6. **Other.** As the volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri in the United States of America, and this Release shall be governed by and interpreted in accordance with the laws of the State of Missouri. I agree that in the event that any clause or provision of this Release shall be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall no otherwise affect the remaining provisions of this Release, which shall continue to be enforceable. \_\_\_\_\_

***To express my understanding of and agreement to this Release, I sign here:***

Volunteer Name (printed): \_\_\_\_\_

Signature of Volunteer: \_\_\_\_\_

Address of Volunteer: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone of Volunteer: \_\_\_\_\_

Email of Volunteer: \_\_\_\_\_

Organization: \_\_\_\_\_

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

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

**PLEASE FILL OUT BOTH SIDES OF THIS FORM AND EMAIL TO  
[INFO@THESPARROWSNESTSTL.ORG](mailto:INFO@THESPARROWSNESTSTL.ORG)**