

KNOXVILLE INTERNATIONALS NETWORK-KIN RELEASE & WAIVER OF LIABILITY AGREEMENT



Printed Name _____

Street Address _____ City, State & Zip _____

Cell Phone _____ Email _____

I, the undersigned "Volunteer" of Knoxville Internationals Network—KIN—agree and understand that the purpose of this organization is to connect, equip and encourage the Body of Christ to love internationals living among us. I agree and understand that the population served by KIN has many diverse needs and conditions. These may include mental, spiritual, emotional, physical, and social maladjustments.

I further understand that members of the client population may have difficulty under various circumstances in controlling their verbal and physical behavior and that inappropriate behavior, including violence or theft is possible. Based on these understandings, I hereby release KIN and its directors, employees, and agents from all claims, responsibility, liability or causes of action for any injury, loss or damage that I may incur in connection with my volunteer activities at KIN whether caused by clients of KIN or non-clients. This release discharges KIN from any liability or claim that I may have against KIN, or the staff or board, with respect to any bodily injury, personal injury, illness, death or property damage that may result from my activities with KIN, whether caused by the negligence of KIN or its officers, directors, employees or agents. I also understand that KIN 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 or illness resulting from my volunteering with KIN.

I further understand that, as a volunteer of KIN, ALL information pertaining to individuals served by the ministry is strictly confidential. I agree to hold in confidence any information about clients and donors who come to my knowledge during my association with KIN.

I agree that I will carry appropriate automobile coverage if I transport clients. I assume all responsibility for the care of persons in my vehicle in case of an automobile accident, releasing KIN from all responsibility.

I also understand that taking videos or photographs of the internationals served is strictly prohibited.

_____ (This paragraph optional - please initial for permission) I grant KIN all rights, title and interests in any photographs, videos, images or audio recordings of me made by KIN during my volunteering services to KIN.

I understand and acknowledge that either party may terminate this volunteer relationship at any time. I agree that my services are voluntary in nature, and I have no expectation of any salary, compensation, benefit or payment of any kind for my time or service. I also understand that all children in my care will abide by and agree to this release/waiver.

Finally, I understand that KIN is a Christian organization whose mission is ministering to internationals through the Gospel of Jesus Christ, the Son of the living God. KIN's foundation of faith is that everyone is created equal and can receive salvation by the grace of God through Jesus Christ. I hereby agree not to share any different belief system when volunteering with KIN. If my belief system does not share this same understanding, I agree not to interfere with KIN's mission by offering different religious beliefs.

Volunteer Signature _____ Date _____