

BY FAITH PRODUCTIONS THE MCALLISTER FAMILY FOUNDATION

Mission Statement: We are committed to advancing the cause of Christ and proclaiming the Gospel message through public presentations of contemporary Christian music and media.

VOLUNTEER APPLICATION

Please PRINT and complete each line.

Read and sign Volunteer Release and Waiver of Liability form.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Telephone: _____ Email: _____

In case of emergency, contact name:

_____ Telephone: _____

Shirt Size (circle): S / M / L / XL / XXL / XXXL / XXXXL

All volunteers must wear the BFP volunteer shirt when on duty.

*Shirt is FREE. Donations to cover your shirt are welcome or you may purchase additional shirts at \$20.00

Please indicate your choice of team below

Set Up	Tear Down	Prayer Team
Event Services	Security	Clean Up

1st Choice _____ 2nd Choice _____

Questions/Concerns: Please email themcallisterfamilyfoundation@gmail.com

Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "release") executed on 5/21/16 by _____ ("Volunteer") releases The McAllister Family Foundation, a nonprofit corporation organized and existing under the laws of the State of California and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.

2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.

3. Medical Treatment: I hereby Release and forever discharge Nonprofit 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 tenure as a volunteer with Nonprofit.

4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release Nonprofit from all liability.

5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.

6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (Or parent/guardian if under 18) Date

Questions/Concerns: Please email themcallisterfamilyfoundation@gmail.com