

**WAIVER OF LIABILITY FOR VOLUNTEER *GROUP LEADER***  
**Return completed copy to Christ's Outreach 14 days prior to arrival.**

Know all people by these presents that I, \_\_\_\_\_ group leader of  
(Group Leader name)

\_\_\_\_\_  
(Church or University Name and Address)

serving at Christ's Outreach for the Blind in Mount Vernon, KY on the following dates \_\_\_\_\_

as a condition of selection in the Volunteer Program at Christ's Outreach for the Blind (herein known as the Workcamp), and in consideration for being admitted into such volunteer service, and for good and valuable consideration, do hereby covenant and agree with the said Christ's Outreach for the Blind that for myself, my heirs, executors, administrators, distributees and assigns, I agree not to commence or prosecute, and to hold Christ's Outreach for the Blind and its agents and staff harmless in the event of commencement or prosecution of, and demand, claim action, suit or proceeding which may be asserted against it with respect to any loss of property, damage to the same, personal harm or illness that may come to me while engaged in the activities of Christ's Outreach for the Blind. I understand that Christ's Outreach for the Blind does not assume any liability for such loss, damage, personal harm or illness.

IN WITNESS WHEREOF, I have hereunto set my hand on \_\_\_\_\_, 2008.

\_\_\_\_\_  
(**\*\*\*Group Leader Signature**)

In the presence of \_\_\_\_\_  
(**\*\*\*Name of Witness**)

\_\_\_\_\_  
(**\*\*\*Witness Address**)

**\*\*\*This form must be signed in front of a witness, who must then sign and give their address.**

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**INSURANCE STATEMENT**

( ) I do have health or accident insurance      --- or ---      ( ) I do not have insurance

Name of Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Retain copy, return original to: Mike & Lori Gates  
Christ's Outreach for the Blind  
P.O. Box 3192  
Mount Vernon, KY 40456