

Adult/Student Liability Waiver & Release

This release is executed on this ____ day of _____ 20____, by _____

hereinafter referred to as "volunteer", whose address is _____

Volunteer hereby acknowledges that he or she has voluntarily applied to participate in the religious, missionary, and charitable activities of the Wings as Eagles Ministries, hereinafter referred to as "Ministry", with headquarters at Caputa, South Dakota and the Dream Center site, Shannon County, South Dakota, Pine Ridge Indian Reservation. However, the activities of the Ministry take place in areas surrounding its headquarters including but not limited to substantial activities that occur on the Pine Ridge Indian Reservation.

All services, labor, and activities of volunteer are provided without compensation and at the total cost of the volunteer. Any benefits, including food, lodging or transportation by the Ministry are deemed to be charitable in nature and not as compensation or consideration for any services or labor provided by the volunteer.

I am aware that my activities on behalf of the Ministry may involve hazardous situations, including but not limited to manual labor, use of power or motorized equipment, weather and temperature variations, heights, animals, Indian reservations, travel in motor vehicles, proximity to and contact with persons in motor vehicles who are under the influence of drugs/alcohol, and proximity to and contact with persons who are criminals, and other similar or like kind of activities and situations.

As lawful consideration for being permitted to volunteer and participate in the above described or like activities of the Ministry, I hereby agree that I, my heirs, guardians, legal representatives, or assigns will not make a claim against, sue, attach the property, or prosecute the Ministry, its principals, employees, agents or other volunteers for injury, damage, workman compensation claims, motor vehicle claims, or other kinds of legal activities resulting from negligence or other acts, however caused, by any principal, employee, agent, volunteer, or contractor of the Ministry or its affiliates as a result of participation in any activity of the Ministry, direct or indirect, at any time or place. In addition, I hereby release and discharge the Ministry and affiliated organizations from all actions, claims or demands, I, my heirs, guardians, legal representatives, or assigns now have or may hereafter have for injury or damage resulting from my activities with the Ministry.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE MINISTRY, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Volunteer _____

Parent or legal guardian if under the age of 18

NOTE: Please notarize this copy. This application will not be processed unless notarized.

State of _____ County of _____

Sworn to and subscribed to me this _____ day of _____, 20____.

Signature _____ My commission expires _____