



# Volunteer Waiver and Release Form

Volunteer Name: \_\_\_\_\_

\_\_\_\_\_ Check here if Volunteer is under the age of 18.

Contact Email (Required) \_\_\_\_\_

Parent Guardian Email \_\_\_\_\_  
(Required if under 18)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Check here to receive the Mission Cedar Hill Newsletter.

## **VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM**

## **PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER AGE 18**

Mission Cedar Hill 101 High  
Pointe Ln. Cedar Hill, Texas  
75104

[Steve.Scott@MissionCedarHill.org](mailto:Steve.Scott@MissionCedarHill.org)

Phone: 214-884-8378

## WAIVER AND RELEASE FORM

### RELEASE OF LIABILITY

In return for being allowed to participate in Mission Cedar Hill volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned **Volunteer or Parent/Legal Guardian** of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue the Mission Cedar Hill or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("the Corporation") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Corporation are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Corporation for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state of Texas which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the Corporation have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Corporation.

---

**(Signature of Volunteer)**

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

---

**(Signature of Parent/Legal Guardian if Volunteer is Under 18)**

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

**PUBLICITY RELEASE**

In return for being allowed to participate in Mission Cedar Hill volunteer activities and all related activities, including any activities incidental to such participation (“Volunteer Activities”), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using “I”, “me”, or “my”) hereby grants to the Corporation, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities’ officers, directors, agents, employees, respective successors and assigns (collectively, “Authorized Parties”), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer’s name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state of Texas in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

---

**(Signature of Volunteer)**

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

---

**(Signature of Parent/Legal Guardian if Volunteer is Under 18)**

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

# Mission Cedar Hill

## VOLUNTEER COVID-19 SCREENING QUESTIONNAIRE

The safety of our volunteers is one of our overriding priority. As the coronavirus (COVID-19) pandemic continues, we are monitoring the situation closely and following the guidance from the Centers for Disease Control and Prevention and local health authorities. In order to prevent the spread of the coronavirus and reduce the potential risk of exposure to our workforce, we are asking everyone to complete and submit this questionnaire prior to entering their assigned worksite. Please do not enter the worksite until your responses have been reviewed and your entry has been approved.

**Please respond to each of the following questions truthfully and to the best of your ability.** Your participation is important to help us take precautionary measures to protect you and our other employees.

Name:
Phone Number (mobile/home):
Affiliation: (are you with a group or Church)

Representations	
1	<p>Are you currently experiencing, or have you experienced in the past 14 days, any of the following symptoms? (<i>Please take your temperature before you answer this question.</i>)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Fever (100.4° F/37.8° C or greater as measured by an oral thermometer)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Cough</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Shortness of breath or difficulty breathing</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Sore throat</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      New loss of taste or smell</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Chills</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Head or muscle aches</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>      Nausea, diarrhea, vomiting</p>
2	<p>In the past 14 days, have you been in close proximity to anyone who was experiencing any of the above symptoms or has experienced any of the above symptoms since your contact?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
3	<p>In the past 14 days, have you been in close proximity to anyone who has tested positive for COVID-19?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
4	<p>Have you been tested for COVID-19 and are waiting to receive test results?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>

5	<p>Have you have tested positive for COVID-19, or are you presumptively positive for COVID-19 based on your health care provider’s assessment or your symptoms?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
6	<p>In the past 14 days, have you been on a commercial flight or traveled outside of the United States?</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p>
7	<p>Is there any reason why you feel you are at higher risk of contracting COVID-19 or experiencing complications from COVID-19 by entering the facility? If “yes”, please provide a brief explanation.</p> <p>Yes <input type="checkbox"/>                      No <input type="checkbox"/></p> <p>Explanation: _____.</p>
8	<p>The CDC has stated that if a person is fully vaccinated, and or persons having had Covid-19, need not wear a mask inside or outside, even in groups. While we will not ask anyone to disclose or prove their vaccination status, we will ask you to PLEASE adhere to these guidelines. If you are comfortable wearing a mask, by all means please do so. It is always a good practice to cover your mouth and nose when sneezing or coughing, and to wash your hands frequently. Thank you for not only being safe, but kind and courteous to others.</p>

**Certification**

**I hereby certify that the responses provided above are true and accurate to the best of my knowledge.**

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

Note: The information collected on this form will be used to determine that you are aware of your present health, and that we are all doing everything we can to help keep each other healthy and safe. This information is NOT, and never will be in a digital form or stored electronically anywhere at any time.

Access to worksite (circle one):                      Approved                      Denied