



Centenary CARES

LIABILITY HOLD HARMLESS

MEDICAL EMERGENCY / MEDIA RELEASE

Name of Volunteer: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

Individual to call in case of emergency:

Name: _____ Telephone: _____

Address: _____ City: _____ Zip: _____

The undersigned individual is participating as a volunteer at Centenary CARES drop-in center. The undersigned signature allows the center staff to contact emergency services, request medical attention if necessary for this individual, arrange transportation to the nearest emergency hospital for the safety and protection of this individual.

While acting as a volunteer at the drop-in center or at off-site events, this individual agrees to indemnify and hold harmless Centenary Church and its personnel, against loss, damage and liability for injury to his or her person or property, including any liability caused by the negligence of the Church and any of its personnel or other volunteers.

Media release agreement: I understand that while participating as a volunteer for Centenary CARES I may be video taped, photographed or interviewed by staff or media professionals. I give permission for Centenary or any legitimate media outlets to use my image for the promotion of the drop-in center program. This may include; center visual displays, publicity presentations and inclusion in collateral materials produced and distributed for the benefit of the center.

Signature: _____ Date: _____





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Centenary CARES • 1610 Olive St, St Louis, MO 63103 • 314-421-3136

