

ALLIANCE KINGDOM BUILDERS

*An outreach of CHRISTIAN and MISSIONARY ALLIANCE CHURCH of PARADISE
(a California non-profit Corporation) and G³ Ministries CMAPC/AKB
Assisting people in need here, there and everywhere*

RELEASE AND WAIVER OF LIABILITY

*This Release and Waiver of Liability (the "Release") executed on this _____
Day of _____ in the year of _____, by _____
(the volunteer) in favor of CHRISTIAN and MISSIONARY ALLIANCE CHURCH of
PARADISE a non-profit corporation organized and existing under the laws of the State of
California, USA, and Alliance Kingdom Builders, their directors, officers, employees, and
agents (collectively CMAPC/AKB)*

*I, the volunteer, desire to work as a volunteer for CMAPC/AKB and engage in the
activities related to being a volunteer for a work project. I understand that the activities
may include but not limited to, traveling to and from other cities, towns, states and or
countries, consuming food and living in accommodations available and provided away
from home. Working in CMAPC/ AKB facilities, constructing and rehabilitating
residential and or commercial building and other related activities.*

*I hereby freely and voluntarily, without duress, execute this release under the following
terms and conditions:*

- 1. WAIVER and RELEASE. I, the Volunteer, release and forever discharge and hold
harmless CMAPC/ AKB and its successors and assigns from any and all
liability, claims, and or demands of what ever kind or nature, either in law or in
equity, which may arise or may hereafter arise from my work for and or with
CMACP/ AKB*

*I understand and acknowledge that this release forever discharges CMAPC/AKB
from any liability and or claim that I, the Volunteer, may have against CMAPC/
AKB with respect to any bodily injury, personal injury, illness, death, or property
damage that may result from my participation with CMAPC/ AKB*

- 2. INSURANCE. I, the volunteer, understands and acknowledges that except as
otherwise agreed to by CMAPC/AKB in writing; CMAPC/ AKB does not carry or
maintain health, medical, or disability insurance coverage for any volunteer.*

- 3. MEDICAL TREATMENT. Except as otherwise agreed to by CMAPC/ AKB in writing ,
I hereby release and forever discharge CMAPC/AKB from any claim what so ever 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 time with CMAPC/ AKB.*

- 4. ASSUMPTION OF RISK. I understand that my time with CMAPC/AKB may include
activities that may be hazardous to me, including, but not limited to, construction
activities, loading and unloading of heavy equipment and materials, and local
transpiration to and from the work sites . So, I recognize and understand that my time
with CMAPC/AKB may, in some situations, involve inherently dangerous activities.*

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I hereby expressly and specifically assume the risk of injury and or harm in these activities and release CMACP/AKB from all liability for injury, illness, death, and or property damage resulting from the activities of my time with CMACP/ AKB.

5. PHOTOGRAPHIC RELEASE. I grant and convey unto CMACP/ AKB all rights ,title, and interest in any and all photographic images ,video or audio recordings made by and or on behalf of CMACP/ AKB during my work for CMACP/AKB ,including ,but not limited to ,any royalties, proceeds, or other benefits derived from such photographs DVDs, or recordings.

6. OTHER. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the Laws of the state of California in the Unites States of America. 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 shall be held invalid by any court of competent jurisdiction, the invalidity of such clause provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding of this Release. I sign here with a witness

Volunteer Name (please print) _____

Signature _____ Date _____

Witness: Name (please print) _____

Signature: _____ Date _____