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**NEW MEXICO BAPTIST  
CHILDREN'S  
HOME & FAMILY MINISTRIES**  
NMBCH VOLUNTEER  
AGREEMENT RELEASE OF LIABILITY

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This Release and Waiver of Liability is executed on this day \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, (the "Volunteer"), in favor of New Mexico Baptist Children's Home (NMBCH) and their respective affiliates, directors, officers, trustees, employees, sponsors, donors, volunteers and agents. This waiver will be deemed valid for 2 years from the signature date, at which time it will be updated by the volunteer. Should any information change prior to that time it is the responsibility of the volunteer to notify NMBCH in writing.

I desire to work as a volunteer for New Mexico Baptist Children's Home (NMBCH) without compensation and engage in the activities related to being a volunteer. I understand that my activities may include but are not limited to the following: working at NMBCH offices and worksites; constructing, repairing, and rehabilitating residential buildings; other construction-related activities; and other volunteer activities involving the children on NMBCH Campus.

**Release and Waiver.**

I acknowledge and understand that participation in the Activities may involve certain risks, including, but not limited to, personal injury(ies), bodily injury, illness, permanent disability, property damage, loss and/or death.

In consideration of and to be allowed to participate in the Activities, I release and forever discharge and hold harmless New Mexico Baptist Children's Home from all liability, claims, demands, costs, and damages of any kind.

I understand and acknowledge that by signing this Release I knowingly assume the Risks associated with the Activities. I also understand that NMBCH does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death, or property damage.

## **Consent for Transportation and Medical Treatment**

In an emergency, I understand NMBCH may try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, I authorize NMBCH to act as an agent for me to consent to any examination, testing, x-rays, medical, dental, or surgical treatment as advised by a physician, dentist, or other health care provider.

I also authorize NMBCH to arrange for transportation of me as deemed necessary and appropriate in their discretion. I release, forever discharge, and hold harmless NMBCH from any liability, claim, demand, and action whatsoever brought by me or on my behalf which arises or may hereafter arise on account of any transportation, first aid, assessment, care, treatment, response, or service rendered in connection with my activities at NMBCH.

**Insurance.** I understand that, except as otherwise agreed to by NMBCH in writing, they are under no obligation to provide, carry or maintain health, medical, travel, disability, or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability, or other insurance coverage.

I understand that I am and remain responsible for payment of such hospital, physician, ambulance, dental, medical, or other services obtained for me or my child. I agree that the NMBCH does not assume any responsibility for the payment of such fees or expenses which may be incurred. If I have health insurance, I understand my personal health insurance is my primary coverage.

**Confidentiality.** I agree that during my participation in the Activities, I may have access to personal information of other people. I agree to maintain the confidentiality of such information, to use such information only as necessary to do my job as a volunteer, and to comply with NMBCH for applicable policies regarding such information.

- \* **As a Volunteer at New Mexico Baptist Children's Homes, I hereby agree to hold confidential all information to which I have access regarding clients, former clients, or their families.**
- \* **I also agree not to discuss or divulge to unauthorized person(s) information regarding records, programs, personnel matters, or business matters.**
- \* **I understand that divulging confidential information would jeopardize my ability to volunteer and may constitute a misdemeanor and be punishable by fine or imprisonment.**
- \* **I understand that some residents are not permitted to be photographed. I will get permission to take photographs while on campus and will not publish any unauthorized photographs to social media or public forums.**

\_\_\_\_\_  
Signature

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

**Photographic/Recording Release.**

I give NMBCH permission to use all photographs and video taken of me, including my first name, during my time as a volunteer. These may be used for promotional purposes via social media. If you choose not to have your photos or name used it will not limit your ability to volunteer.

**I consent to the use my photographs:**

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

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

**I do not consent to the use of my photographs:**

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

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

I agree that this Release is intended to be as broad and inclusive as permitted by New Mexico state law.

I have carefully considered my decision, the benefits and risks involved, and hereby give my informed consent to participate in all volunteer Activities. I have read and understand this Release and Waiver of Liability, I acknowledge that any questions of mine have been answered, and I voluntarily agree to the above provisions.

**SIGNATURE OF VOLUNTEER 18 YEARS OR OLDER:**

**Volunteer:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION FOR VOLUNTEER OVER 18 YEARS OF AGE:	
Name: _____	Relationship: _____
Address: _____	
Phone: (H) _____	(C) _____ (W) _____
Email: _____	

**IMPORTANT: If the Volunteer is less than 18 years of age, all parents or guardians must complete the signature section below.** If only one parent or guardian signs these forms on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, that he/she is fully authorized to do so, and that by executing such Release and Parental Authorization, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns, and legal representatives to such Release and Parental Authorization.

**Name of Volunteer Under 18 Years Old:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN SIGNING ON BEHALF OF THE ABOVE MINOR:**

I have carefully considered my decision, the benefits and risks involved and hereby give my informed consent, on behalf of the above listed minor child, for him/her to participate in all Activities as set forth in the above Volunteer Agreement, Release and Waiver of Liability, and such terms are incorporated herein. I have read and understand the above Volunteer Agreement, Release and Waiver of Liability, any questions of mine have been answered, and I voluntarily agree to all such provisions. In the event of an emergency, I will be considered the emergency contact. **Furthermore, I understand that the above Volunteer Agreement, Release and Waiver of Liability is made on behalf of my minor child(ren) and/or legal wards and I represent and warrant to New Mexico Baptist Children's Home or its affiliated organizations that I have the full authority to sign this on behalf of such minor(s).**

**Parent/Guardian:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parent/Guardian:** Name (please print): \_\_\_\_\_ Signature: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_