

# Lighthouse Mission Waiver

1543 Montauk Hwy. Bellport, NY 11713  
www.LighthouseMission.com  
631.758.7584

## Personal Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

## Emergency Contact:

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

Relationship: \_\_\_\_\_

## Release of Liability

### Participant over the age of 18

By signing this waiver form, I acknowledge that I am physically and mentally able to volunteer in the Lighthouse Mission warehouse and/or main building. I acknowledge that there are certain risks involved in working.

I release Lighthouse Mission, its patrons, staff, and volunteers of all responsibilities for any sickness, injuries to body or property, which may occur to me during the course of community service. In the event of a medical emergency in which the alternate contact cannot be reached, I authorize the Lighthouse Mission Staff to call an ambulance and administer first aid if deemed necessary.

I understand that Lighthouse Mission may take photos of me while working to put on social media or their website to spread awareness of the ministry and encourage others to help. If there is a safety/legal concern regarding this I will let the office know in advance.

I understand that Lighthouse Mission may not allow me to continue working if I fail to adhere to the volunteer policies and expectations.

I have read the Permission/Wavier Form and I am fully aware of its contents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Parent of participant under the age of 18

By signing this waiver form, I acknowledge that my child is physically and mentally able to complete community service working in the Lighthouse Mission warehouse and/or main building. I acknowledge that there are certain risks involved in working.

I release Lighthouse Mission, its patrons, staff, and volunteers of all responsibilities for any sickness, injuries to body or property, which may occur to my child during the course of community service. In the event of a medical emergency in which I, or the alternate contact, cannot be reached, I authorize the Lighthouse Mission Staff to call an ambulance and administer first aid if deemed necessary.

I understand that Lighthouse Mission may take photos of my child working to put on social media or their website to spread awareness of the ministry and encourage others to help. If there is a safety/legal concern regarding this I will let the office know in advance.

I understand that Lighthouse Mission may not allow my child to continue working if they fail to adhere to the community service policies and expectations.

I am the parent/guardian of \_\_\_\_\_, who is under 18 years of age. I have read the Permission/Wavier Form and I am fully aware of its contents. I give permission to the child named above to volunteer at Lighthouse Mission.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\*If different from emergency contact above please write relationship to the child

\*Phone number