

**Compassion Outreach Ministries of Ohio**  
**Volunteer Waiver of Liability**

I wish to volunteer with the Compassion Outreach Ministries of Ohio (COMO). By checking this box, I acknowledge that I waive any and all medical, civil, or other claims against COMO arising out of the performance of my volunteer duties, whether for an on-site work-related injury, personal injury, illness, or otherwise.

I assume all liability in the event that I am injured while engaged in volunteer work for COMO. I attest that I am covered by a valid medical insurance policy.

I agree to adhere to all COMO instructions and practices.

I understand that volunteer labor is not tax-deductible as a charitable deduction as defined by the Internal Revenue Service (IRS Publication #526). The IRS Code specifically precludes deducting a donation of "time or services" and I will not receive a receipt from COMO for the labor or services donated.