PO Box 1264 | Ft Mill SC 29716 | 1 (704) 907-8901

VOLUNTEER WAIVER

I, _____, state that I wish to attend and serve with the charitable service, Nurses with Purpose, Inc., as a volunteer. I understand that I have options and elect areas of choice within the places we volunteer. I understand that I may elect not to participate, if I do not feel comfortable or placing myself at risk. I also understand that I may be subject to exposure of communicable diseases and I am aware of how to protect myself. The time of service is an experience by choice.

All excursions, throughout the trip are understood and agreed. I will follow the guidelines set fourth with all excursions for my own safety and protection. If I am not compliant within the boundaries of the facilities and/or businesses that Nurses with Purpose, Inc are affiliated with, then it is at my own regard.

I understand that, by signing these forms, I will not be considered an employee or independent contractor of Nurses with Purpose, Inc. Rather, I understand that I will be a volunteer, and serve in that capacity knowing I will not be compensated by Nurses with Purpose, Inc. or any Nurses with Purpose, Inc affiliates as a result of my participation in the Medical Mission trip.

_____ _____

Print Name Signature Date