**WAIVER OF LIABILITY**

 I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge my willingness to accept the physical and spiritual assistance, and generous services, of volunteers delegated or assigned by my faith community, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in connection with my recent and ongoing medical condition.

 Since I recognize that these services are rendered by volunteers, without charge or compensation, I hereby agree to hold these volunteers – as well as my faith community, and the Maryland Faith Health Network -- free and harmless of liability for any personal injury, property damage, loss or claim of any kind, arising out of or related to these activities on my behalf.

 I agree to release all of the aforementioned parties from present or unknown future liability, even if occasioned by negligence or other fault attributed to these volunteers or their activities.

 I understand and consent that this release and waiver of liability will be binding on me and also on my family, my heirs and personal representatives.

 Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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