

I desire to work as a volunteer for Mercy Medical Center, Cedar Rapids, IA ("Mercy") and engage in the activities related to being a volunteer. I hereby freely and voluntarily execute this Volunteer Release and Waiver of Liability under the following terms:

- 1. I understand that my participation as a volunteer may expose me to risks of bodily injury, personal injury, illness, death, or property damage. Further, I acknowledge that I may be exposed to risks that may not be foreseeable. I knowingly and freely assume all such risks and voluntarily participate.
- 2. I certify that, to the best of my knowledge, I am medically, physically, and otherwise able to participate in the activities required to serve as a volunteer.
- 3. I understand that Mercy does not provide insurance coverage for my participation as a volunteer.
- 4. In consideration for being permitted to perform volunteer services, I, for myself, my heirs, personal representatives, and assigns, do hereby release, indemnify, and hold harmless Mercy Medical Center, and its respective officers, employees, agents, and volunteers, from and against any and all claims, demands, rights, expenses, and causes of action arising from or by reason of any personal injury, bodily injury, property damage, or the consequences thereof, whether foreseeable or not, resulting from or in any way connected with my participation as a volunteer.
- 5. I hereby release and forever discharge Mercy Medical Center from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Mercy.
- 6. Further, I agree that I will not take legal action against Mercy Medical Center, its agents, or its employees for any claim for damages arising out of my participation in activities as a volunteer, whether caused by negligence or otherwise.
- 7. I consent to and authorize the use of my image (either still or motion picture), voice, and/or likeness by Mercy Medical Center through any media now and in the future. I understand that I will receive no compensation in connection with the use of my image, voice, and/or likeness.

I certify that I understand and have read the above carefully before signing.

Name (Print): _		
Signature:		
Date:		