

INTERLINK MINISTRIES, INC.

PO Box 460, Apple Creek, OH 44606 | Phone (330) 698-5465 | interlinkfamily@aol.com | www.interlinkministries.org

Project Waiver and Release Form

WAIVER AND ASSUMPTION OF RISK

I, _____, of _____,
Project Coordinator (printed or typed) Project Name (printed or typed)

hereby fully waive and release Interlink Ministries, Inc. of PO Box 460, Apple Creek, OH 44606 (the "Releasee"), from any and all claims for personal injury, property damage, or death that may result from anyones activities associated with the above listed project:

I hereby voluntarily, at my own risk, sign this Waiver and Assumption of Risk in sole consideration of being permitted to coordinate this organization's activities as they relate to this project.

I hereby acknowledge and understand that there are dangers and risks associated with the project listed above.

By signing this Waiver and Assumption of Risk, I fully assume the dangers and risks, and agree to use my best judgment while engaging in those activities. I further agree to indemnify and hold harmless the Releasee, its employees, agents, officers, from and against any and all liability incurred as a result of or in any manner related to my or others participation in the activities for above listed project.

I hereby certify that I am of legal age and competent to execute this Waiver and Assumption of Risk, that in doing so of my own free will and accord, voluntarily and without duress, and that I do so intending to bind myself, my executor, my heirs, and administrators or assigns to the fullest extent.

I have read and understood the foregoing, and acknowledge my consent to the terms of this Waiver & Assumption of Risk by signing this Waiver.

Name _____ Dated ____/____/____
Project Coordinator (printed or typed)

Address _____

City _____ State _____ Zip _____

Telephone (____) _____ E-mail _____

Signature _____
Project Coordinator

Witness Signature _____ Dated ____/____/____