



SLEEP IN HEAVENLY PEACE

NO KID SLEEPS ON THE FLOOR IN OUR TOWN!

456 Madrin Street, Twin Falls ID 83301 | 844-432-BEDS (2337) | www.shpbeds.org

Build Day & Delivery Volunteer Release and Waiver of Liability Form

The Sleep in Heavenly Peace organization is made up primarily of volunteers donating their time in providing bunk beds and bedding for less fortunate families with children in need.

I, the Volunteer, hereby release and forever discharge and hold harmless Sleep in Heavenly Peace and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Sleep in Heavenly Peace. I understand and acknowledge that this Release discharges Sleep in Heavenly Peace from any liability or claim that I may have against Sleep in Heavenly Peace with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Sleep in Heavenly Peace or occurring while I am providing volunteer services. Any and all disputes relating to items hereby mentioned or events ending in arbitration or litigation, each party shall mutually agree on a mediator and, together with mediator, shall fix the terms of the mediation of the dispute. In the event the parties are unable to agree on a mediator, each party shall select a mediator and the two mediators so chosen shall select a third mediator, who shall be the mediator for purposes of this agreement. Any litigation that may occur, each party agrees that the governing state be Idaho where all court proceedings take place.

SHP Photo & Video Release

I consent to and authorize the use of my image (either still or motion picture), voice, and/or likeness by Sleep In Heavenly Peace, Inc. 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.

Due to the nature of our builds and the amount of phones and/or camera's in use, it is not possible for SHP to prevent 100% that any photo or video will not be taken and/or shared. While we try our hardest, we cannot guarantee no photo's or videos will be taken.

Volunteer First & Last Name: _____

Address: _____

City, State & Zip/Postal Code: _____

Do you have minor children with you today? Yes _____ No _____

If yes, please list first and last name(s) of minor children: _____

If yes, I hereby authorize my minor child(ren) to participate according to the above requirements and hereby release and forever discharge and hold harmless SHP and its successors as explained above.

Parent/Guardian Signature: _____ Date: _____

I agree to the terms and conditions of the SHP Indemnification Release Form:

Volunteer Signature: _____ Date: _____

Would you be interested in receiving more information about SHP, upcoming events, receiving our newsletter or learn how you can become more involved? If yes, please provide your email address.

Email: _____