

Partnership Agreements

WAIVER AND RELEASE OF LIABILITY

I do hereby release Found Ministries, its agents, employees, and volunteers from any liability whatsoever arising out of any injury, damage or loss which may be sustained by myself or other persons during my/their stay in Found Ministries.

Print Name _____ Signature _____ Date ___/___/___

CONSENT FOR TREATMENT

In the event of an emergency in which I am rendered unconscious and my nearest responsible relative or guardian cannot be contacted, I hereby agree to such treatments, anesthetics and operations to be performed upon myself as deemed necessary by the attending physician.

Print Name _____ Signature _____ Date ___/___/___

FINANCIAL RESPONSIBILITY

I am fully aware of my financial obligations, both to the Lord and to the leadership of Found Ministries. I also confirm that I am responsible for all fees and personal expenses incurred during my involvement with Found Ministries.

Print Name _____ Signature _____ Date ___/___/___

COMMUNITY LIVING STANDARDS

During the period I'm attending Found Ministries, I will keep the highest moral standards and maintain a clear and personal witness through proper conduct. I will abide by all the rules presented to me and those decided upon by my peers and myself. I understand that if I do not abide by these conditions, I may be asked to leave.

Print Name _____ Signature _____ Date ___/___/___

LEGAL CONSENT FOR MINORS

If hereby give my consent for (full name of applicant) _____ to participate in a Found Ministries program, to adhere to the above mentioned statement, any Found Ministries related activities, and to travel within and outside the United States with Found Ministries.

Print Name (parent/guardian) _____

Signature (parent/guardian) _____ Date ___/___/___