



MISSION OF MERCY

2024 MDA Foundation Mission of Mercy Volunteer Agreement *Volunteer Waiver and Release Form*

I, the Undersigned Volunteer, desire and agree to volunteer for the MDA Foundation Mission of Mercy (the "Mission") as sponsored by the MDA Foundation. I understand and agree as follows:

- 1) I, personally and on behalf of my heirs, representatives, and anyone else entitled to claim through me, hereby waive any right of recovery, and waive, release, hold harmless and forever discharge MDA Foundation, their officers, trustees, officials, employees and agents, and other volunteer dental service providers, from liability related to the Undersigned and/or arising from any and all injury to persons, damage to property or otherwise in connection with my participation in the Mission. I further agree and undertake to hold harmless MDA Foundation from and against any and all claims, damages, actions, liability and expenses, including attorney's fees and other professional fees, in connection with bodily injury, including death, personal injury and/or damage to property, arising from or out of the Undersigned's activities and participation in the Mission.
- 2) I further acknowledge and agree that neither the Mission nor MDA Foundation assumes any responsibility whatsoever for any property of the Undersigned and that the Undersigned shall not hold the Mission or MDA Foundation liable for any loss or damage to same.
- 3) I understand and acknowledge that neither the Mission nor MDA Foundation carry or maintain, and each expressly disclaims any responsibility for providing, health, medical or disability insurance. I understand and acknowledge that I am to obtain and am responsible for my own insurance coverage.
- 4) I grant MDA Foundation and their agents the right to use without payment or consideration of any kind, my picture, voice and other reproductions of my physical likeness in connection with advertising or publicizing the Mission, its services and its activities in all forms of media in perpetuity.
- 5) I undertake to perform said services as a Volunteer without compensation and acknowledge that in performing said services I am acting solely as a Volunteer and not as an employee of MDA Foundation.

- 6) If I am a dental or medical service care provider, I hereby certify:
- a) I am licensed to perform the types of dental or medical services and treatments I am expected to perform and that are being offered through the Mission volunteers. I have indicated below my license number that allows me to perform such services and certify to MDA Foundation, by execution of this Waiver, that such license is current, valid and in good standing.
 - b) I understand and acknowledge that MDA Foundation will provide malpractice insurance for all volunteer health care providers during the 2024 Mission event. I further understand and acknowledge that this coverage is provided only for professional services rendered and is subject to all coverage provisions, exclusions and limitations contained therein.
- 7) Volunteers are required to adhere to the established EXPOSURE INCIDENT PROTOCOL.

An exposure incident occurs when there is exposure to a patient's blood and/or saliva:

- Through a needle stick or other sharp perforating the skin
- Contamination through an open cut or skin laceration
- Splash or spatter to eyes, nose, mouth or other mucous membrane

1. Immediate Care: Thoroughly wash the exposure site; Thoroughly flush eyes or other mucous membrane with water at the eye wash station
2. If the patient source of the exposure is known, ask the patient to remain seated until the need for testing has been determined.
3. Notify the Department Lead who will contact the Vice Chair.
4. The Vice Chair will explain the indicated treatment choices to the exposed volunteer, begin the Exposure Incident Report and coordinate any needed care or testing.
5. The exposed volunteer will be given the choice to be tested. The volunteer has the right to refuse testing. If refused, the volunteer will sign the Exposure Incident Report in the section indicating refusal for testing / follow-up care.
6. All testing of the exposed volunteer is at their own expense.

By signing below, you are indicating that you have read the following statement and agree to abide by it:

Signature: _____ Date: _____

Name (printed) _____ Cell#: _____

Email: _____