

# **Volunteer Waiver and Release Form**



I the Volunteer, desire and agree to volunteer for the Minnesota Mission of Mercy (the "Mission") as sponsored by the Minnesota Dental Association, the Minnesota Dental Foundation (collectively, "Dental Organizations").

I understand and agree as follows:

1. I, personally and on behalf of my heirs, representatives, assigns and anyone else entitled to claim through me, hereby waive any right of recovery, and waive, release, hold harmless and forever discharge Dental Organizations, 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 Dental Organizations 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 Dental Organizations assumes any responsibility whatsoever for any property of the Undersigned and that the Undersigned shall not hold the Mission or Dental Organizations liable for any loss or damage to same.
3. I grant Dental Organizations 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.
4. 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 Dental Organizations.
5. If I am a dental or medical service care provider, I hereby certify:
  - 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 will display my Minnesota License with the badge holder provided by the Mission.
6. A volunteer, who has been exposed to a needle stick or sharp exposure, will be taken to the Medical Triage Lead to have the testing protocol explained once the immediate steps of rinsing out the site have been completed. The exposed person (volunteer) will be given the choice to be tested. The volunteer does have the right to refuse testing. If refused, the volunteer should sign the Incident Report in the section indicating they refused care/testing. Testing of exposed volunteers and patients will be covered by MDF.

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Signature

Date