



Mailing Address:
Transform Program
c/o Matthew 25
201 Third Ave. SW
Cedar Rapids, IA 52404

Contact us:
Transform Team
319-200-2782
jessica@hub25.org
matthew-25.org/transform

TRANSFORM RELEASE FORM

Liability Release: I do hereby release, forever discharge and agree to forever hold harmless Matthew 25 and any related agency, and the directors, employees, volunteers, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned that occur while participating in activities sponsored by Matthew 25. Furthermore, I hereby assume all risk of said personal injury, sickness, death, damage and expense as a result of participation as above set forth. The undersigned further hereby agree to hold harmless and indemnify said organization, its directors, officers, employees and agents, for any liability sustained by said organization as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Photo Release: Matthew 25 may record events and activities through visual, audio, or other electronic means. I agree to being recorded and if I do not want to be recorded, I will remove myself from the area which is being photographed or recorded. Matthew 25 may use any photos and video taken of me in future publications and advertisements without charge.

COVID-19: We follow the latest CDC recommendations regarding masks. Masks are optional for fully vaccinated individuals, and recommended for unvaccinated individuals

Individuals who fall within either of the following categories should not engage in Matthew 25 events or activities, and by attending a Matthew 25 event you certify that you do not fall into either of the following categories:

1. Individuals who currently or within the past five (5) days have experienced any symptoms associated with COVID-19, which include fever, cough, and shortness of breath among others; or
2. Individuals who believe that they may have been exposed to a confirmed or suspected case of COVID-19 or have been diagnosed with COVID-19 and are not yet cleared as non-contagious by state or local public health authorities or the health care team responsible for their treatment.

Participants and volunteers agree to self-monitor for signs and symptoms of COVID-19 (symptoms typically include fever, cough, and shortness of breath) and, contact Matthew 25 at info@hub25.org if you experience symptoms of COVID-19 within 5 days after participating or volunteering with Matthew 25.

Volunteer Name (please print): _____

Volunteer's Signature: _____ **Date:** _____

If the volunteer is a minor, a parent or guardian's signature is also required:

Parent's Name (please print): _____

Parent's Signature: _____ Date: _____