MATZEVAH מצבה

REMEMBERING – RESTORING – RECONCILING

Responsibility Release

The Matzevah Foundation, Inc

The undersigned, based upon my application for and in contemplation of assignment for volunteer services by The Matzevah Foundation, do hereby state and agree as follows:

If I accept an assignment for volunteer services, then I wish to make clear my understanding and agreement that The Matzevah Foundation Inc., does not assume any responsibility for any loss of property, damage to the same, personal harm, illness, loss or injury that I may suffer or endure; and I, for myself, my heirs, executors, administrators, distributes and assigns, in consideration of my admission to volunteer service and other good and valuable considerations, do hereby absolve and release The Matzevah Foundation, Inc., their officers, employees, directors, agents and/or representatives, and hold them harmless from any claim or demand which I might conceivably assert upon the basis of the foregoing.

Dates this the _____ day of _____, 20_____

Signature: _____

Name: _____

Social Security Number: _____

Witnessed by: (This portion must be completed)

Name: _____

Signature: _____

Address:_____

Date: _____

In the event the above individual has not reached 18 years of age as of the date hereof, the following parents/guardians of said minor do hereby agree and consent to the terms and provisions hereof individually and as parents/guardians for the minor.

_____ _____ _____ _____

Father/Guardian Date Mother/Guardian Date

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Volunteer Trip Payment Agreement

By signing this form, you agree to fulfill your obligation to pay the total trip cost. The cost of this trip is to be paid by the departure date of the trip.

In the event that you are unable to make the trip, your signature below indicates that you still assume responsibility to pay the amount in full related to any nonrefundable charges that have already been incurred on your behalf.

Applicant's Signature _____ Date _____

Applicant's Full Name (print)_____

Applicant's Address_____

Applicant's Phone Number_____

Destination of trip _____

Date of trip_____

Estimated cost of trip provided by TMF Office _____

Payment can be made by a check made out to:

Matzevah Foundation, Inc.

Please mail to:

The Matzevah Foundation, Inc.

7742 Spalding Drive #480

Norcross, GA 30092-4207

Please complete form and email to: _____

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Photo/Video Content Release Form

I, the undersigned, grant The Matzevah Foundation, the permission to use and publish photographs, audio recordings, and/or video recordings of me for promotion, editorial, or any other purpose. I give permission for the work to be altered, combined with other photographs or combined with any printed, visual, or audio material. These materials might include print or electronic publications, web sites, or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the content. I authorize the use of these images or content without compensation to me.

Signature:_____

Date:_____

Email (optional):_____

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Insert Vision, Values, and Code of Ethics

MATZEVAH מצבה

REMEMBERING – RESTORING – RECONCILING

Vision, Values, and Code of Ethics Acknowledgement

I, the undersigned, acknowledge that I have read and understand the Vision, Values, and Code of Ethics of The Matzevah Foundation (TMF). I agree to comply to the Vision, Values, and Code of Ethics while serving as a volunteer with TMF.

Signature:_____

Date:_____