



G R A C E H O U S E
ministries, inc.

giving hope to girls in foster care

Intern/Contract Stipend and Release Form

This release is executed by the undersigned individual on and as of the _____ day of _____, 20__.

I, the undersigned, wish to provide contract/ intern services for Grace House Ministries, Inc. and do so at my own desire. Payment for services rendered is only obligation of Grace House Ministries, Inc.

Grace House Ministries, Inc. agrees to pay this individual in the amount of _____ per month or _____ per hour.

By signing this release, I acknowledge that I have an obligation to obtain appropriate insurance coverage to cover myself and my dependents. I further understand that I waive any rights to recover from Grace House Ministries, Inc. damages for any injuries that I or my dependents may sustain while participating in any activities at the locations of Grace House Ministries, Inc. that may or may not result from negligence. I understand that I am not covered by Workman’s Compensation Insurance, if an injury or accident occurs.

I agree to indemnify and to hold Grace House Ministries, Inc blameless from all claims, losses, expenses, fees including attorneys’ fees, costs, and judgments that may be asserted against Grace House Ministries, Inc. that result from the acts or omissions of Grace House Ministries, Inc. Agents.

Printed Name:

Social Security No:

Address:

City, State, Zip:

Department:

Department Supervisor:

Emergency Contact Name:

Phone:

Signed:

Dated:
