



**VOLUNTEER PARTICIPANT LIABILITY RELEASE FORM**

Please read before signing, as this Volunteer Participant Liability Release Form, hereinafter referred to as the Agreement) represents the understanding of the Parties as to liability between you hereinafter referred to as the "Volunteer" and \_\_\_\_\_ (church name), the Williamson County VOAD Long Term Recovery Committee, Memorial Day Floods 2015, and any other churches, nonprofits and volunteer agencies including their representatives, agents, directors and employees working on their behalf (collectively identified and referred to in the Agreement as "The Volunteer Agencies") affiliated with the disaster relief efforts. The Volunteer and the Volunteer Agencies are the Parties to the Agreement.

I, \_\_\_\_\_ (insert your name), (Volunteer), acknowledge and state the following: I have chosen to travel to and from the work site to perform cleanup/construction work in disaster response. The cleanup/construction work that is performed on the work site are hereinafter referred to as the "Activities".

I understand that this work entails a risk of physical injury and often involves hard physical labor, heavy lifting, and other strenuous activity; and that some activities may take place on ladders and temporary building framing that are not on ground level. I certify that I am in good health and physically able to perform this type of work. I certify that I have all necessary and up to date shots including Tetanus.

I understand that I am engaging in this project at my own risk. I understand that this is a charitable activity that I choose to engage in in order to support and provide help to individuals adversely affected by disaster. In choosing to engage in this charitable activity, I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project. In addition, **I AGREE TO DEFEND, INDEMNIFY AND HOLD THE VOLUNTEER AGENCIES HARMLESS FROM AND AGAINST ANY LIABILITY FOR ANY INJURY, LOSS OR DEATH SUFFERED WHILE ON WORK SITE OR WHILE ENGAGED IN ANY ACTIVITIES WHATSOEVER OR IN ANY LOCATION WHATSOEVER THAT IS IN ANY WAY ASSOCIATED WITH THE ACTIVITIES, INCLUDING BUT NOT LIMITED TO ANY AND ALL CLAIMS, LOSSES, LIABILITIES, ATTORNEYS' FEES, MEDICAL FEES, COSTS AND EXPENDITURES INCURRED BY OR ASSERTED AGAINST THE VOLUNTEER AGENCIES, AND FROM AND AGAINST ANY AND ALL CLAIMS INCLUDING CLAIMS FOR INJURY OR LOSS SUFFERED, WHETHER OR NOT SUCH CLAIMS, INJURY OR LOSS RESULTS DIRECTLY OR INDIRECTLY, FROM ANY CAUSE INCLUDING, BUT NOT LIMITED TO, THE NEGLIGENT OR GROSSLY NEGLIGENT ACTS OR OMISSIONS OF THE VOLUNTEER AGENCIES.**

In the event that The Volunteer Agencies arrange accommodations, I understand that they are not responsible nor liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold the Volunteer Agencies harmless in the event of theft resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at the time and in the performance of any Activities.

The covenants and conditions I, as Volunteer, are making in this Agreement, I intend to apply to and bind my heirs, successors, executors, administrators and assigns.

**I HAVE READ, UNDERSTAND, AND AGREE TO THE TERMS and conditions CONTAINED HEREIN.**

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Volunteer \_\_\_\_\_

Address: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone \_\_\_\_\_