

Disaster Relief Volunteer Worker Waiver of Liability

Disaster Relief Location: _____ **Date of Activities From:** _____ **To:** _____.

Please review, date and sign this Wavier of Liability prior to undertaking your activities as a disaster reliefvolunteer worker. If you have any questions, you should consult your attorney.

I agree to volunteer my time and efforts to assist in disaster relief clean up and assistance efforts at the above location during the stated time period. I undertake these disaster relief efforts freely and voluntarily and will conduct myself at all times in a reasonable manner and remain personally responsible for my actions.

I acknowledge there are inherent and other risks associated with the volunteer activities. Risk may include, without limitation, the possibility of personal injury or property damage or loss arising from activities. Activities may include, without limitation, travel to and from disaster area and all forms of physical activity related to the work. I understand and acknowledge the potentially dangerous environment I may be exposed to and freely assume all of the risks associated with my volunteer activities.

I, for myself and anyone entitled to act on my behalf waive and release (i) National Relief Network ("NRN") and its directors, officers, employees and agents, (ii) the owner of the property where I am providing my volunteer services and (iii) the organization providing the accommodations to me as a volunteer and the respective successors and assignsof each of the foregoing from all claims of damage, loss or liability of any kind or nature arising out of my participation as a volunteer engaged in the activities.

I, understand and acknowledge that NRN and its directors, officers, employees and agentsdisclaim any and all liability to me for injury to person or damage to or loss of property arising, directly or indirectly, from my activities as a disaster relief volunteer worker. I grant permission to NRN to use any photographs, videos or any other record of my activities for any purpose. I acknowledge that I am not an employee of NRN and am not entitled to any benefits of employment.

I do not have any physical or health problems that will affect my ability to undertake the activities. I acknowledgeI am individually responsible to obtain all necessary vaccinations recommended by the applicable health department for undertaking these relief activities. I acknowledge it may be very advisable to consult my physician prior to undertaking these activities. By signing below, the undersigned certifies that he/she has been advised to secure medical and liability insurance coverage or has in place existing medical insurance coverage and personal liability coverage for claims arising from these activities. If any part of this waiver is deemed unenforceable, all other parts shall be given full force and effect.

I have read, understand and agree with all the above provisions of this Waiver.

Date: _____

Signature/Signature of Parent or Guardian (if under 18).

Signature of Volunteer

Print Name of Volunteer

Address

City

State

Zip

Phone w/ Area Code

Student Service Info. _____

Age

Male/Female

E-mail Address

Accepted by the National Relief Network

Date: _____ **Name:** _____ **Title:** _____