



## Volunteer Liability Release Form

I (Print Name) \_\_\_\_\_, acknowledge and state that I have chosen to assist C.O.R.E. Alliance to perform clean up, construction and/or demolition in order to help provide disaster relief for damages arising from Hurricane Ike.

I understand that this work entails a risk of physical injury and often involves hard physical labor, including heavy lifting and other strenuous activity, and that some activities may take place on ladders, building framework, or heights other than ground level. I certify that I am in good health and physically able to perform this type of work. I understand that I am engaging in this project at my own risk. I assume all risk and responsibility including related costs and expenses for any injury incurred to myself or to my property while involved in this project.

In the event that my supervising organization arranged this service opportunity, I understand that they are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations that may be in effect for the project at that time.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify and forever hold C.O.R.E. Alliance, together with their officers, agents, servants, and employees, harmless from any and all causes of action arising from my participation in this project, including travel or lodging associated therewith, or any damages which may be caused by my own negligence. I hereby give up all rights to make any claim whatsoever against C.O.R.E. Alliance, promoters, sponsors, volunteers, companies, and all other persons, participants or organizations conducting or connected with, the work for any injury to property or person I may suffer, including crippling injury or death, whether such injury arises, while I am preparing for or participating in the work or while I am upon the work premises, preparation sites, or at the C.O.R.E. Base Camp. I know the risks to myself and my property while participating in the work and while upon the premises and relying upon my own judgment and ability to assume all such risks of loss and hereby agree to reimburse all costs to those persons or organizations connected with this event for damages incurred as a result of my negligence.

In the event of a medical emergency, I give my permission for acting C.O.R.E. Alliance authorities to act on my behalf to seek medical attention for me including the use of an ambulance or admission into a hospital. I understand my emergency contact listed below will be contacted regarding my condition.

I also understand that the event may be videotaped and my image may be captured as well as sound bites. Pictures of my likeness may be used for promotional purposes for C.O.R.E. Alliance. These images may be shown on the website, brochures, other media, and the like. I give permission to use such material and hold harmless the promoter and do not expect any form of financial compensation for the use of my image/likeness or sound.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Church Affiliation, if any: \_\_\_\_\_

What organization, if any, did you come with to serve with C.O.R.E.? \_\_\_\_\_

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

Health Insurance: \_\_\_\_\_ Insurance Phone #: \_\_\_\_\_

Primary Member Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Guardian Name (if a minor): \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature (if a minor): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_