



## PARTICIPANT LIABILITY RELEASE FORM

I, \_\_\_\_\_, understand that this work may entail 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 building framing 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 engage in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by disaster.

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 and related medical costs and expenses.

In the event that my supervising disaster organization arranges accommodations, I understand that it is not responsible or liable for my personal effects and property and that it will not provide lock up or security for any items. I will hold it harmless in the event of theft or for loss 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 that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold (name of disaster program), together with its officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by its negligence.

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

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

*Witness Organization or church name:*

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## MEDICAL INFORMATION FOR INDIVIDUAL VOLUNTEER

**\* TEAM LEADER SHOULD RETAIN THIS REQUIRED FORM  
ON SITE TO USE IN CASE OF EMERGENCY.**

Name \_\_\_\_\_ Dates of mission \_\_\_\_\_

Blood type \_\_\_\_\_

1. Information about any prescriptions I use: **Use back if necessary**

2. **I am allergic to:**

\_\_\_\_\_

3. Name of emergency contact \_\_\_\_\_  
phone \_\_\_\_\_

4. My health insurance company is

\_\_\_\_\_  
Policy number  
\_\_\_\_\_

5. Physical limitations or concerns:

6. I am diabetic: Y N

7. I have a history of seizures Y N

8. Please provide other helpful health information:

9. I consider myself healthy enough to fulfill my responsibilities on the mission team. Y N

I, \_\_\_\_\_ (volunteer's signature), \_\_\_\_\_  
authorize (team leader) to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered under the general supervision and on the advice of any physician or surgeon licensed to practice medicine by the state in which they practice, during the duration of the trip identified above and further authorize the release of medical information from my personal medical records for the following purpose:

\_\_\_\_\_ but I do not give permission for any other use or re-disclosure of this information.