

# Disaster Relief Volunteer Liability Release

Please read this document carefully. By signing this document, you are waiving certain legal rights, including the right to sue.

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## Volunteer Information

Full Name:   
Address:   
Phone Number:   
Email Address:

## Emergency Contact Information

Contact Name:   
Relationship:   
Contact Phone:

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## Terms and Conditions

### 1. Acknowledgement and Assumption of Risk

I understand and acknowledge that volunteering for disaster relief efforts involves inherent risks, including but not limited to physical injury, exposure to hazardous materials, illness, emotional trauma, or property damage. I voluntarily assume all risks associated with my participation in these activities.

### 2. Waiver and Release of Liability

I hereby release, waive, and forever discharge the host organization, its directors, officers, employees, agents, and coordinators from any and all liability, claims, demands, or causes of action arising out of negligence or otherwise, which may result in personal injury, death, or property damage while I am serving as a volunteer.

### 3. Medical Treatment Consent

In the event of an emergency, I authorize the host organization to secure necessary medical treatment on my behalf. I accept full financial responsibility for any medical expenses incurred as a result of such treatment.

### 4. Photographic and Media Release

I grant permission to the host organization to use photographs, videos, or audio recordings taken of me during my volunteer service for promotional, educational, or informational purposes.

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## Acknowledgment and Signature

By signing below, I certify that I have read and fully understand this Liability Release, and I agree to be bound by its terms.

Volunteer Printed Name:   
Volunteer Signature:   
Date:

### Parent or Legal Guardian Consent (If volunteer is under 18 years of age)

I certify that I am the parent or legal guardian of the volunteer listed above, and I give my consent for their participation and agree to all the terms of this release on their behalf.

Guardian Printed Name:

Guardian Signature:

Date: