

**Peninsula-Delaware Conference
Disaster Relief
Participant Liability Release Form**

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with The Peninsula-Delaware Conference

I (Printed Name) _____ (Signature), _____

acknowledge and state the following: I have chosen to assist in the Peninsula-Delaware Conference to perform clean-up/ construction work designed to repair damage from _____.

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 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 am engaging in this project at my own risk. I assume all risk and responsibility as well as related costs and expenses for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

In the event that my supervising disaster organization arranges accommodations, 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 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 the United Methodist Church and The Peninsula-Delaware Conference, 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.

PLEASE PRINT

Printed Name: _____ Date: _____

Signature: _____

Printed Name of Parent or Guardian: _____ Date: _____

Signature of Parent or Guardian if participant is under 18: _____

Person to contact in case of emergency: _____ Phone: () _____

Address: (Street or PO Box) _____

City _____ State _____ Zip _____