

Volunteer Agreement and Release

Bring completed, signed form with you.

*Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with the **Beacon of Hope Resource Center** (hereinafter "the Group") and its partners. Thank you for choosing to participate in the activities of the Beacon of Hope Resource Center.*

I understand that travel to, from and around the greater New Orleans area for the purpose of and to perform clean-up and other work from debris and damage caused by a disaster entails a risk of physical injury and often involves hard physical labor, heavy lifting and other strenuous activity: that these activities will take place on streets that are open to vehicular traffic; that the debris I will collect is of unknown origin and may be hazardous to my health; and that will be working closely with other volunteers which may result in accident or injury caused by another participant in the Group's activities. I certify that I am in good health and physically able to perform this type of work and I acknowledge that **I am engaging in this project at my own risk.**

If I suffer any accident or injury, I authorize any other participant in the Group's activities to administer first aid, treatment or service to assist me. I understand that the aid, treatment or service, should it be provided, will be at my sole risk without any liability or risk to the Group or the aid provider.

I understand that the Group or other persons or entities may take photographs or create video or audio recordings of my activities with the Group. I consent to grant and convey to the Group in perpetuity all right, title and interest to any such photographs or recordings without royalty.

By my signature, for myself, my estate, and my heirs, I hereby release and discharge, and agree to forever hold harmless the Group and its organizers, supervisors, officers, directors, agents, volunteers, servants and employees, from any and all causes of action and damages arising from or relating to my participation in this project, and any travel associated therewith.

I may choose to participate in additional Group activities on multiple or later dates, and this Volunteer Agreement and Release will apply to any Group activities in which I participate in the future. I hereby certify that I am at least 18 years old or are the legal guardian of the participating minor listed below.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ PHONE: _____

ADDRESS: _____ CITY,STATE,ZIP: _____

EMAIL: _____ DATE of BIRTH: _____

NAME of VOLUNTEER GROUP: _____

NAME of PARTICIPATING MINOR: _____ AGE: _____

SIGNATURE of GUARDIAN: _____ PRINT NAME: _____

Please Complete in case of Emergency:

MEDICAL INSURANCE CARRIER: _____ POLICY # _____

DATE of LAST TETANUS SHOT: _____

ALLERGIES: _____

EMERGENCY CONTACT: _____ PHONE: _____