

Jefferson County Long Term Recovery Group (JCLTRG)

Adult Volunteer Release of Liability Form

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Jefferson County Long Term Recovery Group (JCLTRG).

I, the Volunteer, desire to work as a volunteer for Jefferson County Long Term Recovery Group and engage in activities related to cleanup and/or construction work related to disaster relief. I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

I. Waiver and Release

I, the Volunteer, on behalf of myself, my estate and my heirs, release and forever discharge and hold harmless Jefferson County Long Term Recovery Group and their successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with Jefferson County Long Term Recovery Group and any travel or lodging associated therewith.

I understand and acknowledge that this Waiver discharges Jefferson County Long Term Recovery Group from any liability or claim, or claim for damages that I, the Volunteer, may have against Jefferson County Long Term Recovery Group with respect to bodily injury, personal injury, illness, death, or property damage or theft that may result from my participation on Jefferson County Long Term Recovery Group work site, including any damages which may be caused by or arise from Jefferson County Long Term Recovery Group negligence. I also understand that Jefferson County Long Term Recovery Group do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage or theft.

II. Medical Treatment Consent and Waiver

I, the Volunteer, hereby authorize Jefferson County Long Term Recovery Group to provide me with first aid and, through medical personnel of its choice, medical assistance, transportation, and emergency medical services (collectively, "Medical Treatment") should an emergency arise. This consent shall in no way impose a duty upon Jefferson County Long Term Recovery Group to provide such Medical Treatment. Furthermore, I understand that I am responsible for all cost associated with any such Medical Treatment and I waive and release any claims against Jefferson County Long Term Recovery Group arising out of any Medical Treatment, including the lack or timing thereof, made in connection with my volunteer activities with Jefferson County Long Term Recovery Group.

III. Assumption of the Risk

I, the Volunteer, have chosen to travel to the work site, and understand that volunteering with Jefferson County Long Term Recovery Group 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 am physically able to perform this type of work, and understand that I am volunteering for Jefferson County Long Term Recovery Group at my own risk. I hereby expressly and specifically assume the risk of injury or harm in my volunteer work with Jefferson County Long Term Recovery Group and release Jefferson County Long Term Recovery Group from all liability for injury, illness, death, or personal damage resulting from the activities of my volunteer work with Jefferson County Long Term Recovery Group.

IV. Medial Release

I, the Volunteer, grant and convey unto Jefferson County Long Term Recovery Group all right, title, and interest in any and all photographic images and video or audio/digital recordings made by Jefferson County Long Term Recovery Group, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

V. Agreement Regarding Accommodations

In the event that Jefferson County Long Term Recovery Group arranges accommodations, I, the Volunteer, understand that Jefferson County Long Term Recovery Group is not responsible or liable for my personal effects and property and will not provide lock up or security for any items. I will hold Jefferson County Long Term Recovery Group harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by all rules and regulations that may be in effect for the accommodations at that time.

VI. Agreement to Abide by Safety Precautions

In connection with my volunteer work with Jefferson County Long Term Recovery Group, I hereby acknowledge and agree to abide by the safety precautions outlined below:

1. If you have an accident or injury, report it immediately.
2. Stay hydrated and take breaks as needed.
3. Make sure to eat your lunch. You need your energy!
4. Make sure you are properly trained on the tools you are using. If you are not sure about how to use a tool or have a question, ask.
5. Always be aware of your surroundings. If you are swinging a tool, make sure there is no one within hitting distance.
6. Please clean up after yourself and others. The work site should always be clear of debris. Additionally, the last 30 minutes of each work day is dedicated to clean up time.
7. When using utility knives, saws and other sharp objects, cut away from yourself and others.
8. Remember ladder and bench safety: the ladder or bench should be in a locked position on stable ground. For added protection, have a spotter on the ground next to you.
9. When lifting heavy objects, use your legs and keep your back straight.
10. Know your limits! If you are not comfortable doing something, talk to your site supervisor. They are happy to assist you or give you a new task.
11. If there is a medical emergency call 911. *Please make sure you know the address of your work site's location.*

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I agree to terms and services as stated above

Name (printed): _____

Signature: _____

Date: _____