

Individual Release of Liability Form for Adults HCRN

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Hope Crisis Response Network, Inc.

I, _____ acknowledge and state the following:

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.

I understand the need for confidentiality, and will not discuss, photograph or otherwise disclose identifying information about the occupants of the property for which I am working without prior permission from HCRN and the occupants. This includes any reference to names, addresses or other identifiable information.

By my signature, for myself, my estate and my heirs, I release and discharge, indemnify and forever hold Hope Crisis Response Network, Inc., the partners or any other disaster response agency, 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 their own negligence. I also give Hope Crisis Response Network and/or their partners' permission to use any video or photos taken of me on this project for promotional use only.

Volunteer Signature: _____ Date: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip _____

Email: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact name: _____ Phone: _____

PARENTAL CONSENT/RELEASE - If the individual is a minor (under 18 years of age), the following should be signed by a parent or legal guardian.

I hereby consent and agree, individually and as a parent or legal guardian of to all the terms and provisions above.

Name (please print): _____

Relationship to minor: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____