

# Faith Communities For Disaster Recovery

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## Faith Communities for Disaster Recovery Release and Waiver of Liability

This Release and Waiver of Liability (the "Release"), executed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_ (the "Volunteer") in favor of the Faith Communities for Disaster Recovery, a non-profit organization, its directors, officers, staff, team members and agents ("Faith Communities").

The Volunteer desires to participate and work in Faith Communities disaster recovery initiative and the activities related to the work-. The Volunteer understands that the activities may include rehabilitating and repairing residential buildings, being transported to and from work locations, and various other tasks necessary to help Faith Communities complete the repair of a residential buildings.

The Volunteer does hereby, voluntarily and without duress execute this Release under the following terms:

- 1) **Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless Faith Communities, its 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 hereafter arise from Volunteer's participation in Faith Communities' disaster recovery initiative. Volunteer understands that this Release discharges Faith Communities from any liability or claim that the Volunteer may have against Faith Communities with respect to any bodily injury, personal injury, illness, death, property damage or any other damages that may result from Volunteer's participation in Faith Communities' disaster recovery initiative. Volunteer also understands that Faith Communities does not assume responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to, medical, health, or disability insurance.
- 2) **Medical Treatment.** Volunteer does hereby release and forever discharge Faith Communities from claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's participation in Faith Communities' disaster recovery initiative.
- 3) **Assumption of Risk.** Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases Faith Communities for all liability, for injury, illness, death or property damage resulting from the activities of the Volunteer's participation in Faith Communities disaster recovery initiative.
- 4) **Insurance.** The Volunteer Understands that Faith Communities does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each Volunteer is expected and encouraged to arrive with medical or health insurance coverage in effect.
- 5) **Photographic Release.** Volunteer does hereby grant and convey unto Faith Communities all right, title, and interest in any and all photographic images and video and audio recording made by Faith Communities during Faith Communities disaster recovery initiative.
- 6) **Other.** Volunteer expressly agrees that this Release is to be as broad and inclusive as permitted by the laws of the State of Texas, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**IN WITNESS WHEREOF**, Volunteer has executed this Release as of the day and year first above written.

Volunteer (please print name): \_\_\_\_\_

Parent or Guardian if Volunteer is a minor (please print name) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ -State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (work): \_\_\_\_\_ Phone (other): \_\_\_\_\_

Signature (Volunteer): \_\_\_\_\_ Witness: \_\_\_\_\_

Signature (Parent or Guardian): \_\_\_\_\_ Witness: \_\_\_\_\_