



Volunteer Acknowledgement & Assumption of Risks

The United Saints' Recovery Project, First Street PW United Methodist Church, Shalom Zone Community, Inc.,(collectively" USRP") has, as part of its mission, to strengthen the community through meaningful volunteer action. Included in our activities are volunteer efforts related to disaster relief and recovery (collectively "Recovery Activities"). Recovery Activities frequently involve significant risks, hazards, and/or dangers, some of which are inherent in the activities and cannot be eliminated or reduced (collectively, "Risks"). These Risks can cause many kinds of injury and/or loss, including but not limited to loss of property, personal injury, illness, physical, mental, or emotional trauma, disability and/or death (collectively "Injury"). I understand that USRP believes that it is important for me to be informed of the Risks of Injury.

Risks include, without limitation:

- Living and working in dangerous circumstances, with limited access to medical care and proper sanitation
- Working with dangerous equipment, which may break, fail, malfunction, or otherwise cause injury
- USRP Personnel and other volunteers, many of whom are untrained volunteers themselves, must make various judgments and decisions as they conduct any Recovery Activities in changing outdoor and indoor environments. These judgments are, by their nature, imprecise and subject to error. Consequently, there are risks involved in such decision making and conduct, including, without limitation, the risk that Personnel or other volunteers may misjudge Participants ability or preparedness to perform a given task, or may misjudge weather, terrain, water and/or river level, or may misjudge the necessity of propriety of medical treatment, or lack thereof.
- The potential exists that Participant, Personnel, other volunteers, or third parties may act carelessly, recklessly, or generally fail to exercise due care where communication and transportation are difficult and where evacuation and medical care may be substandard or delayed.

These and other hazards and dangers many result in Injury to Participant, which includes, without limitation, falling, being struck, dismembered or crushed, colliding with objects or people, experiencing vehicle collisions, being injured or sickened by machinery, objects, animals, water, mold, people, burns, or fire (collectively "Injury").

I understand that the above description of Risks and Injuries is not complete that other unknown or unanticipated risks, hazards, and dangers may result in Injury or other loss. I acknowledge that participating in the Recovery Activities may require a degree of skill and knowledge different from other activities and that I have responsibilities as a Participant

I warrant that I have no mental or physical problems or limitations that might compromise or affect my ability to participate in Recovery Activities, and I represent that I am fully capable of participating in these Recovery Activities without causing harm to others or myself.

I acknowledge that USRP Personnel are, and have been available to answer any and all questions I may have had about the nature and physical demands of these Recovery Activities and the risks, hazards, and dangers associated with these Recovery Activities. I acknowledge and understand that presence of any USRP Personnel is no assurance of my safety or any lessening of the Risks, and I nonetheless undertake to participate in the Recovery Activities.

My participation in the Recovery Activities with USRP is purely voluntary and I choose to participate with full knowledge of the Risks. Therefore, in exchange for being allowed to participate in the Recovery Activities, I assume and accept full responsibility for myself, for those Risks identified here and for those risks not identified, and for all Injury, death, property loss or expenses suffered by myself or by any third party arising out of these Risks and/or my own negligence or (to the extent allowed by applicable law) the negligence of USRP or others.

Participant Name (printed): _____

Participant Signature: _____ Date: _____

Parent or Guardian Name (if Participant is under 18): _____

Parent or Guardian Signature: _____ Date: _____