

**Disaster Volunteer
Informed Consent, Waiver and Release of Liability Agreement**

Name: _____

Address: _____

Phone No.: _____

Emergency Contact: _____

Phone No.: _____

Acknowledgement and Assumption of Risk

I recognize that assisting with disaster response and recovery activities may involve physical labor and potentially dangerous power tools and may carry risk of personal injury. I hereby agree to assume all risks which may be associated with or may result from my participation with disaster response and recovery activities.

I also recognize the activities may cause physical and emotional discomfort. I state I am free from any known heart or other health problems that could prevent me from participating or which might result in an adverse medical condition or event. I further state I am sufficiently physically fit to participate in the activities.

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

Waiver and Release of Liability

I hereby release the Helpline Center, their agencies, departments, officers, employees, agents, and all sponsors and/or officials and staff of any of the foregoing entities or persons, their representatives, agents, affiliates, directors, volunteers, and employees from the cost of any medical care I receive while participating in this activity or as a result of it.

I hereby agree to defend, indemnify and hold harmless the Helpline Center from any and all liabilities, claims, demands, actions, and causes whatsoever for any losses, claims, damages, injuries, illnesses, attorneys' fees and liabilities of any kind or nature sustained or caused by me arising out of any and all disaster response and recovery activities in which I participate.

Consent

In the event of injury while participating in any and all activities associated with the disaster volunteer program, I consent to receive any emergency medical aid, anesthesia, and/or medical treatment or operation if, in the opinion of the attending physician, such treatment is necessary.

I, the undersigned participant, affirm I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand by signing this form I am giving up legal rights and remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree if any portion of this Agreement is held invalid, the remainder will continue in full legal effect. This Agreement is subject to and must be interpreted under the laws of the State of South Dakota. This Agreement is binding upon and will inure to the benefit of my heirs, personal representatives, successors and assigns.

READ BEFORE SIGNING

Name: _____

Signature: _____

Date: _____