

PARTICIPANT LIABILITY RELEASE

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with (name of disaster program).

I, _____ acknowledge and state the following:

I have chosen to travel to perform Early Response Team duties designed to help with disaster damage.

I understand that this work 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 physically able to perform this type of work.

I understand that I am engaging in this project at my own risk. I understand that this is a "grass roots" activity to support individuals adversely affected by _____ disaster. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project and related medical costs and expenses.

In the event that my supervising disaster organization arranges accommodations, I understand that it is not responsible or liable for my personal effects and property and that it will not provide lock up or security for any items. I will hold it harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold (name of disaster program), together with its officers, agents, servants and employees, harmless from any and all causes of action arising from my participation in this project, and travel or lodging associated therewith, including any damages which may be caused by its negligence.

Signature _____ Date _____

Dates of Work team or dates covered by this liability form _____

Street Address _____

City _____ State _____ Zip _____

Person to contact in case of an emergency _____

Phone _____ Witness _____

Organization or church name: _____

MEDICAL INFORMATION
FOR INDIVIDUAL VOLUNTEERS
(Every volunteer needs to fill out this form)

Please complete the following and give to mission leader. **MISSION TEAM LEADER SHOULD RETAIN THIS FORM ON SITE TO USE IN CASE OF EMERGENCY.**

Name _____ Dates of mission trip _____

1. Blood type _____

2. Information about any prescriptions I use: _____

3. I am allergic to: _____

4. Name of Contact Person _____

a. Street Address _____

b. City _____ State _____ ZIP _____

c. Phone (Work) _____ (Home) _____

d. Relationship to Volunteer _____

5. My health Insurance Company is _____

a. Policy Number _____

6. Physical Limitations or concerns:

7. I am a diabetic Yes _____ No _____

8. I have a history of seizures Yes _____ No _____

9. Please provide other helpful health information:

10. I consider myself healthy enough to fulfill my responsibilities on the mission team Yes _____ No _____

I _____ (volunteer's signature), authorize _____
(Team Leader) to consent to any examination, anesthetic, medical diagnosis, surgery, or treatment and/or
hospital care rendered under the general supervision and on the advice of any physician or surgeon licensed to
practice medicine by the state in which they practice, during the duration of the trip identified above and further
authorize the release of medical information from my personal medical records for the following purposes:

_____ but
I do not give permission for any other use or re-disclosure of this information.

Work Order and
Statement of Understanding For Access to Property

Description of the scope of work to be completed:

(I/We) indicated by (my/our) signature(s) below, (I'm/We're) the home owner(s) of the property indicated below. (I/We) give permission to the employees and/or associates of the organization indicated above and its affiliated members to work on (my/our) property for the purpose of making repairs to (my/our) home.

(I/We) understand that the above organization and affiliates carry insurance for the persons who are on assignment and that coverage is limited to work-related accidents. (I/We) understand that said organization and its affiliates do not have insurance coverage for protection against legal claims or liability damage suits that might arise in their work on (my/our) home and property. Therefore, in consideration of the services rendered, or to be rendered, on the premises indicated below, (I/We) hereby waive any and all claims or demands that may arise or accrue to (me/us), growing out of any action or omissions by said organization and/or any of its members or helpers in rendering such service and specifically covenant not to sue it or them for any of said act or omissions.

Head of Household (signature)

Spouse (signature)

Identification #/Type

Identification #/Type

Address

City/State/Zip

United Methodist representative

Date

**Descripción del trabajo a realizar y
Declaración De Aceptación Para Acceder A La Propiedad.**

Descripción del trabajo a realizar:

(Yo/Nosotros) como lo indica (mi/nuestras) firmas en la parte de abajo. (Soy/Somos) los propietarios de la casa o terreno que se localiza en la dirección que se indica en la parte inferior de este documento. (Yo/Nosotros) damos permiso a los voluntarios de la organización que se indica en la parte inferior de este documento y a sus miembros afiliados a trabajar en (mi/nuestra) propiedad con el fin de ejecutar labores de limpieza, remover escombros, reparar o construir en (mi/nuestra) casa, vivienda o terreno.

Entiendo que dicha organización y sus afiliados no cuentan con una cobertura de protección de un seguro en contra de demandas legales o un seguro contra demandas de daños que pudieran resultar de su trabajo en (mi/nuestra) casa, propiedad o terreno.

De cualquier manera, en consideración por los servicios rendidos o que serán prestados (yo/nosotros) manifiesto que no presentaré ninguna demanda o reclamo o acción o difamación en contra de dicha organización o sus miembros afiliados que puedan resultar por la ejecución de sus labores que fueron acordados o por trabajos que pudieran quedar inconclusos.

Firma/Cabeza Del Hogar

Firma/Esposo o Esposa

Tipo de identificación

Tipo de identificación

Dirección

Ciudad

Estado

C. Postal

Representante de Grupo Voluntario

Fecha

ERT Daily Work Log

Date _____

Location (Address) _____

Homeowner Name _____

Team Leader _____

Description of work _____

Team Member	Start Time	Stop Time	Tasks

Tasks: Ashout, Assessment, Chainsaw/Tree Debris, Mold Treatment, Muck & Gut/Household Debris Removal, Skidsteer, Tarping/Patching, Other (Specify) Please specify the number of hours for each task for each volunteer

Brief narrative of the day's work (include any follow-up needed)

TEAM LEADER: Please complete this form DAILY and forward to the Rio Texas Conference.

Please photograph and e-mail to training@riotexasresponse.org

(We recommend that you use a phone app such as i-Scanner or CanScanner
to produce pdf files that can easily be sent

Rio Texas Conference Disaster Response, 16400 Huebner Road, San Antonio, TX 78248
Riotexasresponse.org