

Aransas County Hurricane Harvey Response
First Baptist Church of Rockport
Volunteer Intake Form

Name: _____ **Birthdate:** ___/___/___

Phone number: _____ **E-mail:** _____

Occupation: _____ **Employer:** _____

Emergency contact: _____

Relationship: _____ **Phone number:** _____

Are you currently affiliated with a disaster relief agency? ___Yes ___No

If so, what agency? _____

Are you interested in volunteering long term with the Volunteer Reception Center?

___Yes ___No ___Maybe ___Other: _____

Equipment and Special Skills:

ARANSAS COUNTY HURRICANE HARVEY RESPONSE

RELEASE AND WAIVER OF LIABILITY

For Individual and Group Volunteers

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

This Release and Waiver of Liability, executed on (date) _____, by (volunteer's name) _____, in favor of **First Baptist Church of Rockport**, its directors, officers, members, affiliates, their partnering organizations; the **State of Texas**; and the **City of Rockport** herein referred to as **The Aransas County Hurricane Harvey Response**.

I, the volunteer, desire to work as a volunteer for **The Aransas County Hurricane Harvey Response** and engage in activities, as coordinated by **The Aransas County Hurricane Harvey Response** related to being a volunteer. I understand that such activities may include, but not limited to, tree and debris, application of tarps, distribution of goods. I freely and voluntarily execute this Release under the following terms.

1. **RELEASE AND WAIVER.** I hereby release and forever discharge **The Aransas County Hurricane Harvey Response** from any and all liability, claims and demands of whatever kind either in law or in equity, which arise or may hereafter arise from my activities with **The Aransas County Hurricane Harvey Response**. I understand that this Release discharges **The Aransas County Hurricane Harvey Response** from any liability or claim that I may have against **The Aransas County Hurricane Harvey Response** with respect to bodily injury, personal injury or property damages that may result from my activities with **The Aransas County Hurricane Harvey Response**. I also understand that **The Aransas County Hurricane Harvey Response** does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, auto or disability insurance in the event of injury or loss.

2. **MEDICAL TREATMENT.** I hereby release and forever discharge **The Aransas County Hurricane Harvey Response** from any claim which arises or may arise on account of first aid, treatment or any service rendered in connection with my volunteer activities with **The Aransas County Hurricane Harvey Response**.

3. **ASSUMPTION OF RISK.** I understand that my volunteer activities may include work that is hazardous, including but not limited to work around power tools, heavy machinery, as well as transportation to and from the work site. I hereby expressly assume the risk of injury or harm in the volunteer activities.

4. **INSURANCE.** I understand that **The Aransas County Hurricane Harvey Response** does not carry or provide health, medical, disability or auto insurance coverage for any emergent volunteer. Each volunteer is expected and encouraged to obtain his or her own medical, health, disability and auto insurance.

5. **PHOTOGRAPHIC RELEASE.** I hereby grant unto **The Aransas County Hurricane Harvey Response** all rights to any and all photographic and video images made during my service with **The Aransas County Hurricane Harvey Response** for internal use or reasons of publicity.

6. **OTHER.** I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by local and state laws. I agree that in the event that any provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder of the Release and Waiver, which shall continue to be held enforceable.

Organization Name if applicable: _____

Volunteer signature: _____ Date: _____

Parent or guardian signature: _____ Date: _____
(for volunteers under the age of 18)