

LIABILITY RELEASE FORM FOR SHORT TERM VOLUNTEER

Make additional copies for each participant as necessary

The following statement(s) constitute an understanding of your working relationship as a Volunteer with UMCOR Sager Brown. Please read carefully, and sign as appropriate.

I, _____, acknowledge that I am choosing to travel to, be accommodated at, and/or perform volunteer labor for UMCOR Sager Brown of my own free will; and that I will adhere to the rules, regulations, policies and procedures of this organization, and will ensure compliance by my entire team, to the best of my ability. I understand that travel to and from this location involves a certain amount of risk, which I willingly assume.

While much of what is done at UMCOR Sager Brown is relatively safe and non-strenuous, some tasks performed by volunteers may involve physical labor, heavy lifting, or other strenuous activity. If, when I or members of my group agree to work on construction or maintenance projects, on-campus or off, I am aware that some activities may take place on ladders and building structures above ground. By agreeing to perform such tasks myself, I certify that I am, and to the best of my knowledge those participating in this manner are in good health and physically able to perform this type of work. I acknowledge that I am engaging in this project at my own risk, and willingly assume all responsibility for any damage and/or injury to myself and my personal property, which I may sustain while involved in this project, as well as any related medical costs or expenses.

In the event that UMCOR Sager Brown provides living accommodations, I understand that the organization is not responsible or liable for my personal effects and property and will not be responsible for the security of any item. I agree to hold UMCOR Sager Brown harmless in the event of theft or loss resulting from any source or cause.

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify and forever hold UMCOR Sager Brown, its parent agencies, as well as its officers, agents, volunteers and employees, from any and all causes of action arising from my participation in its mission and ministries, and travel or lodging associated therewith.

Signature _____ Date: _____

*Parent or Guardian: _____ Phone: _____

*Parent/guardian's signature is required on this form if participant is under 19 years of age.