

Disaster Ministry
Iowa Conference of The United Methodist Church
223 Crystal St #308 Ames, IA 50010
Ph: 515-897-0796
Disaster.response@iaumc.org

PARTICIPANT LIABILITY RELEASE FORM

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with The United Methodist Church Iowa Conference Disaster Ministry.

I, acknowledge and state the following: I have chosen to travel to perform clean-up/construction work designed to repair disaster damage.
I understand 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 this is a "grass roots" activity to support individuals adversely affected by Hurricane/flood disaster or receiving assistance to repair or replace substandard housing.

I assume all risk and responsibility for any damage or injury and related medical costs and expenses to my property or any personal injury, which I may sustain while involved in this project.

In the event that my supervising disaster organization arranges accommodations, I understand that they are not responsible or liable for my personal effects and property nor will they provide lock up or security for any items.

I will hold them harmless in the event of theft or loss resulting from any source or cause. I further understand 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 The United Methodist Church Iowa Conference Disaster Ministry, together with their 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 their negligence.

Signature: _____ Date: _____
Dates of work team or dates covered by this liability form: _____
Street address: _____
City: _____ State _____ Zip _____
Emergency Contact Name & Phone: _____
Church or Organization Name: _____
Witness: _____