

VOLUNTEER RELEASE AND WAIVER OF LIABILITY AGREEMENT

The undersigned, being at least eighteen years of age, and in consideration for acceptance, approval and participation in the Springfield-Greene County Office of Emergency Management Volunteer Program, does hereby agree to this consent, waiver, and release of liability.

It is my desire to further the work of Springfield-Greene County Office of Emergency Management by performing services as a Volunteer, specifically as a Volunteer in Emergency Disaster Services. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of the Springfield-Greene County Office of Emergency Management, Greene County, Missouri or the City of Springfield, Missouri.

Acknowledgment and Assumption of Risk

I recognize that the Volunteer Program will involve physical labor and may carry a risk of personal injury. I further recognize that there are natural and manmade hazards, environmental conditions, diseases, and other risks, which in combination with my actions can cause injury to me. I hereby agree to assume all risks which may be associated with or may result from my participation in the Program, including, but not limited to, transportation to and from volunteer sites, extinguishing small fires, providing disaster medical care (e.g. controlling bleeding, treating shock, treating sprains and fractures, opening airways, transporting patients, etc.), performing light search and rescue activities (e.g. cribbing and leveraging, victim extrication, transportation, etc.), and other similar activities.

I recognize that these Volunteer Program activities will involve physical activity and may cause physical and emotional discomfort. I state that I am free from any known heart or other health problems that could prevent me from participating in any of the activities associated with this Program. I further state that I am sufficiently physically fit to participate in the activities of this Program. I accept the responsibility to refuse any work assignment that I feel would jeopardize my health, believe to be illegal, or feel that I am not qualified to perform.

Insurance

I also understand that The Springfield-Greene County Office of Emergency Management does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, workers compensation, or disability insurance, in the event of injury, illness, death or property damage.

The Springfield-Greene County Office of Emergency Management does not carry or maintain, and expressly disclaims responsibility for providing any health, medical, workers compensation, or disability insurance coverage for the Volunteer Program. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A PARTICIPANT IN THE VOLUNTEER PROGRAM.

- I certify that I have medical insurance to cover the cost of any emergency or other medical care that I may receive for an illness or injury.
- I certify that if I do not have medical insurance, I will be personally responsible for the cost of any emergency or other medical care that I receive while participating in the Program or as a result of it.

Waiver and Release of Liability

I agree to release the Springfield-Greene County Office of Emergency Management, Greene County, Missouri, the City of Springfield, their respective agencies, departments, officers, employees, agents, and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees (hereinafter referred to collectively as "Parties Released") from the cost of any medical care that I receive while participating in this Program or as a result of it.

I further agree to waive, release, and discharge the Parties Released from any and all liability, claims, demands, actions, and causes of actions whatsoever, for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me or my property arising out of any and all activities associated with participating in this Program or as a result of it.

I further agree to hold harmless, and hereby release the above mentioned Parties Released from all liability, negligence or breach of warranty associated with injuries or damages claimed by me, my family, estate, heirs, or assigns from or in any way connected with participating in this Volunteer Program.

Consent

In the event of injury while participating in any and all activities associated with the 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 that I am at least 18 years of age and am freely signing this agreement. I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation. I agree that if any portion is held invalid, the remainder will continue in full legal force and effect.

Photographic Release

I hereby grant unto Greene County all rights to any and all photographic and video images made during my service to Greene County for internal use or reasons of publicity.

I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THE FOREGOING LANGUAGE AND I SPECIFICALLY INTEND IT TO COVER MY PARTICIPATION IN THE VOLUNTEER PROGRAM SPONSORED BY THE SPRINGFIELD-GREENE COUNTY OFFICE OF EMERGENCY MANAGEMENT.

Volunteer Name (please print): _____

Volunteer signature: _____ Date: _____

Emergency Contact Information

Contact Person: _____

Relationship to volunteer _____

Contact phone number _____

Collected by: _____ on ____/____/____ at _____ am/pm