

**Day of Caring:
Participation Liability Release Form**

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as such with United Way of Orange County, iConnect Outreach, Inc., Nehemiah's Vision, Orange County Disaster Rebuild, as well as Partner Agencies for United Way of Orange County.

I, _____, acknowledge and state the following: I have chosen to perform cleanup/construction for Partner Agencies of United Way of Orange County AND/OR flood-impacted homes as a result of Harvey and/or Imelda.

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 and agencies in need. I assume all risk and responsibility for any damage or injury to my property or personal injury that I may sustain while involved in this project, and related medical costs and expenses. I understand I have the responsibility of providing my own health and accident insurance in the event of any illness or injury experienced during this work.

I understand that United Way of Orange County, iConnect Outreach, Inc., Nehemiah's Vision, Orange County Disaster Rebuild as well as Partner Agencies for United Way of Orange County will not be responsible for my personal effects and property and that it will not provide lock-up or security for any items. I will hold United Way of Orange County, iConnect Outreach, Inc., Nehemiah's Vision, Orange County Disaster Rebuild, as well as Partner Agencies for United Way of Orange County, their officers, directors, and participants 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 during the Day of Caring.

I understand that parents/guardians are responsible for their children that are minors under the age of 18.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify, and forever hold United Way of Orange County, iConnect Outreach, Inc., Nehemiah's Vision, Orange County Disaster Rebuild as well as Partner Agencies for United Way of Orange County 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 any negligence of such released parties.

Signature

Date

Address

Phone

City State Zip

Email

If Under 18, complete the following:

Printed Emergency Contact / Guardian

Phone for Emergency Contact/Guardian

Signature of Guardian if under 18

Date