



Alabama-West Florida Conference  
Disaster Response Team

## **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, Alabama- West Florida Conference Disaster Recovery 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 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 by a hurricane, flood, or tornado disaster, or are receiving assistance to repair or replace substandard housing. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project, and related medical costs and expenses.

*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 and that they will not provide lock up or security for any items. I will hold them 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 for the accommodations at that time.*

By my signature, for myself, my estate and my heirs, I release, discharge, indemnify, and forever hold The Alabama –West Florida Conference United Methodist Church, Disaster Recovery 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: \_\_\_\_\_

PERSON TO CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_

PHONE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

ORGANIZATION OR CHURCH NAME: \_\_\_\_\_

### **Alabama-West Florida Conference**

#### **Office of Connectional Ministries**

4719 Woodmere Blvd  
Montgomery, AL 36106

**Phone:** 334-356-8014

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## MEDICAL INFORMATION FOR INDIVIDUAL VOLUNTEERS

(Every Volunteer Needs to Fill Out This Form)

**Please complete the following and give to mission leader. Please print.  
MISSION TEAM LEADER SHOULD RETAIN THIS FORM ON SITE TO USE IN CASE OF EMERGENCY**

Name: \_\_\_\_\_

1. Blood type: \_\_\_\_\_

2. Current Prescriptions I take:

3. I am allergic to: \_\_\_\_\_

4. Name of emergency contact: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Phone (evening): \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

5. My health insurance company is: \_\_\_\_\_

a. Policy Number: \_\_\_\_\_

6. Physical Limitations or concerns:

7. I am diabetic: Yes \_\_\_\_\_ No \_\_\_\_\_

8. I have a history of Seizures: Yes \_\_\_\_\_ No \_\_\_\_\_

9. Please provide other helpful health information:

10. I consider myself healthy enough to fulfill my responsibilities on the mission team.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF VOLUNTEER