



Organization Liability Release Form

(Please read before signing, as this constitutes the agreement and understanding of your Organizations working relationship with the EBCRRA). **Each volunteer is required to sign prior to assignment.**

I, _____, with _____
(Name of Volunteer) Please Print (Name of Organization)

acknowledge and state that I have chosen to travel to the work site to perform cleanup/construction work in disaster response.

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 the disaster. I assume all risk and responsibility for any damage or injury to our property or any personal injury, which we may sustain while involved in this project.

In the event that East Biloxi Coordination Redevelopment and Relief Agency arranges accommodations, I understand that they are not responsible nor liable for our personal effects and property and that they will not provide lock up or security for any items. I will not hold them responsible in the event of theft resulting from any source of cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at the time.

By my signature, for myself, my estate and our heirs, I release, discharge, indemnify and forever hold East Biloxi Coordination Redevelopment and Relief Agency 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 own negligence.

Volunteer signature: _____ Date _____

Organization Address: _____
(City, State) Zip code

Emergency Contact: _____

Leader Signature: _____ Print Name _____

Leader E-mail: _____

Witness _____ Date _____
Name/title