

**La Grange Area Disaster Recovery Team
Volunteer Intake Form**

Name: _____ Birthdate: ___/___/_____	
Address: _____	
City: _____	State: _____ ZIP: _____
Phone number: _____	E-mail: _____
Occupation: _____	Employer: _____
Emergency Contact Information	
Contact person: _____	
Relationship to volunteer _____	
Contact phone number (s): _____	
Are you currently affiliated with a disaster relief agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you received a tetanus shot within the past 5 years? Yes No

Are you subject to any current or prior legal restrictions that might impact your ability to work with certain groups? Yes No Comments _____

Do you have special training, equipment or talents which could help with recovery?

Please ensure you sign the second page of this form

La Grange Area Disaster Recovery Team

RELEASE AND WAIVER OF LIABILITY

For Individual and Group Volunteers

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

This Release and Waiver of Liability, executed on (date) _____, by (volunteer’s name) _____, in favor of **La Grange Area Disaster Recovery Team**, its directors, officers, members, affiliates, their partnering organizations; the **State of Texas** and herein referred to as “**La Grange Area Recovery Taskforce**”.

ASSUMPTION OF RISK. I understand that my volunteer activities may include work that is hazardous, including but not limited to work around power tools, heavy machinery, as well as transportation to and from the work site. I hereby expressly assume the risk of injury or harm in the volunteer activities.

RELEASE AND WAIVER. I hereby release and forever discharge the **La Grange Area Recovery Taskforce** from any and all liability, claims and demands of whatever kind either in law or in equity, which arise or may hereafter arise from my activities with the **La Grange Area Recovery Taskforce**. I understand that this Release discharges the **La Grange Area Recovery Taskforce** from any liability or claim that I may have against the **La Grange Area Recovery Taskforce** with respect to bodily injury, personal injury or property damages that may result from my activities with the **La Grange Area Recovery Taskforce**. I also understand that the **La Grange Area Recovery Taskforce** does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, auto or disability insurance in the event of injury or loss.

MEDICAL TREATMENT. I hereby release and forever discharge the **La Grange Area Recovery Taskforce** from any claim which arises or may arise on account of first aid, treatment or any service rendered in connection with my volunteer activities with the **La Grange Area Recovery Taskforce**.

INSURANCE. I understand that **La Grange Area Recovery Taskforce** does not carry or provide health, medical, disability or auto insurance coverage for any emergent volunteer. Each volunteer is expected and encouraged to obtain his or her own medical, health, disability and auto insurance.

PHOTOGRAPHIC RELEASE. I hereby grant unto **La Grange Area Recovery Taskforce** all rights to any and all photographic and video images made during my service with **La Grange Area Recovery Taskforce** for internal use or reasons of publicity.

OTHER. I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by local and state laws. I agree that in the event that any provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder of the Release and Waiver, which shall continue to be held enforceable.

Organization Name if applicable: _____

Volunteer signature: _____ Date: _____

Parent or guardian signature: _____ Date: _____

(for volunteers under the age of 18)

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