



SC Baptist Disaster Relief Personal Information – Spontaneous Volunteers

Name _____ Date _____

Home Phone _____

Cell Phone _____

Whom to notify in case of Emergency:

Name _____ Relationship _____

Phone _____ Cell Phone _____

Medications _____

Are you allergic to any medication? No ___ Yes ___ If yes, what? _____

Release and Indemnity Agreement

Having fully read the Release and Indemnity Agreement on the other side of this form, this waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein stated.

Witnessed, my hand on this the _____ day of _____, 20_____

Signature of Volunteer

Name of Volunteer (Please Print)

Signature of Witness

Name of Witness (Please Print)

Please read and sign the other side also.

Release and Indemnity Agreement

I do hereby represent and acknowledge that I am entering upon a missionary venture with others, and that as a volunteer am paying my own expenses, including insurance, for the purpose of helping in times of disaster for the glory of God and to demonstrate my faith in Christ; that the work may at times be hazardous and somewhat arduous and will be performed by concerned volunteers and qualified professionals trained in disaster work; that vehicles transporting said volunteers will be operated by volunteers, who may or may not be professional drivers.

I recognize and acknowledge potential accidents at the disaster site, involving motor vehicles, in or about the living, sleeping and eating areas, or during activities of the Disaster Relief team; am fully aware of possible injuries to members of the Disaster Relief team, including myself.

Therefore, I desire to protect, release, acquit, indemnify, and hold harmless from any and all claims, injuries, damages, losses, expenses or attorney fees incurred by me, my heirs, administrators, executors or assigns.

For and on behalf of myself, my heirs, administrators, executors, assigns, and all other persons, firms or corporations, I do hereby release and discharge from liability all other persons on the Disaster Relief team with me, those who notified, selected or assigned me to the said team, the state Disaster Relief director or department, the Southern Baptist Convention, their employees and representatives, successors or assigns, from any claims, demands, damages, actions, causes of actions which I, the undersigned, have or may hereafter, and on account of, or any way growing out of injuries or damages both to persons or property resulting or that may hereafter result from the voluntary venture.

This waiver, release and indemnity agreement is fully understood by me and I enter the same willingly for the purposes herein above stated.

Witnessed, my hand on this the _____ day of _____, 20_____

Signature of Volunteer

Name of Volunteer (Please Print)

Signature of Witness

Name of Witness (Please Print)