

Important: Each volunteer must sign the "Release and Waiver of Liability" before working on a dwelling or project for a PCDRC site. Please complete this form and bring it with you before you begin work. *Read this waiver very carefully before you sign.*

VOLUNTEER WAIVER OF LIABILITY FORM

This Waiver of Liability Form (the "Waiver") executed on this ____ day of _____ 20____, by _____ (the "Volunteer") in favor of the PAMLICO COUNTY DISASTER RECOVERY COALITION and the UNITED WAY OF COASTAL CAROLINA, INC., the latter a nonprofit corporation organized and existing under the laws of the State of North Carolina, USA, and both of their directors, officers, employees, and agents (collectively, "PCDRC").

I, the Volunteer, desire to work for PCDRC and engage in the activities related to being a volunteer for a work project or repair of a dwelling. **I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:**

1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless the PCDRC and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with the PCDRC.

I understand and acknowledge that this Waiver discharges the PCDRC from any liability or claim that I, the Volunteer, may have against the PCDRC with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the PCDRC work site. I also understand that PCDRC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.

2. Health and Accident Insurance. I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of PCDRC in the event of an injury or medical expense. **I also understand that each individual will have the responsibility of providing his or her own health and accident insurance in the event of any illness or injury experienced during this volunteer period of time.**

3. Medical Treatment. I hereby release and forever discharge PCDRC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with PCDRC.

4. Assumption of the Risk. I understand that my time with PCDRC may include activities that may be hazardous to me, including, but not limited to debris removal, tearing out damaged materials, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from the work sites. I hereby expressly and specifically assume the risk of injury or harm in these activities and release PCDRC from all liability for injury, illness, death, or property damage resulting from the activities during my time with PCDRC.

5. Loss, Damage, or Theft of Personal Items – I hereby release the PCDRC from any liability claims in connection with any personal items I may bring to the job site, including cellphone, and or loss of items left at the housing area provided during my work time with the PCDRC.

6. Photographic Release. I grant and convey unto PCDRC all right, title, and interest in any and all photographic images and video or audio recordings made by PCDRC during my work for PCDRC, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

7. Other. I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of North Carolina. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Volunteer's Signature

Print Name

Date

Street Address

City

State

Zip Code

Organization (if applicable)