

Miami Valley Long Term Recovery Operations Group Individual Release of Liability 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 Miami Valley Long Term Recovery Operations Group (MVLTROG)

I have chosen to voluntee	r my help with a coordinated project	acknowledge and state the following: and/or activity designed to assist the tornado
recovery effort. It may inc	ude but is not limited to volunteer du	uties or details that may be unknown beforehand.
I understand that this work entails a risk of physical injury and may involve hard physical labor, heavy lifting, and other strenuous activity, and that some activities may take place on ladders or in motor vehicles. 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 assume all risks and personal responsibility a well as related costs and expenses for any damage, illness, or injury to my property or any personal injury, which I may sustain while involved in this project and/or activity.		
During an activity that the (MVLTROG) arranges logistics for myself or my group, 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 in effect for the activity at	am to abide by whatever rules, instruche time given either verbally, in writi	ructions, guidelines, and regulations that may be ing, or shared by my group's leader.
information about the torn	ado survivors I am working with or fo	photograph, or otherwise disclose identifying or, without prior permission from ence to names, addresses, or other identifiable
(MVLTROG) and any othe and employee, harmless f	r related Disaster Response Agency	e, discharge, indemnify and forever hold by, together with their officers, agents, servants sing from my participation in this activity, sed by their own negligence.
PLEASE PRINT		
lameDate		Date
Address		
Emergency Contact		e e e e e e e e e e e e e e e e e e e
Home Phone	Work Phone:	Cell
Signature		Date
	dian's Signature is required abov	