

# SMM Disaster Relief Volunteer Registration Form



## Release of Liability Statement

SendMeMissions, Inc. (SMM) will not knowingly expose participants to physical conditions that are dangerous. We place the highest value on the safety of volunteers, and SMM Leaders will make every effort to ensure the volunteers' safety. Volunteers cannot participate unless they fully accept these risks and choose to sign the following statement. As a volunteer in any team facilitated by SMM, I recognize the risks, and I agree that:

1. I assume full responsibility for all risk of participant injury and/or death, property damage or loss with SMM trips.
2. I and my successors will not sue or bring other legal action against SMM, its officers, board members, staff, volunteers or affiliates for any personal injury, death, property damage or loss experienced as a result of participation on the trip.
3. This release is intended to be as broad and inclusive as permitted by the law of the applicable governmental jurisdiction; if a court should hold any portion of this release invalid, the balance release shall continue to be in full effect.
4. I will fully indemnify and hold harmless SMM from any claims whatsoever that relate to me in connection with the program, including attorney fees, costs and expense that SMM may incur in connection with any injury, death or loss I may suffer.
5. I will use my personal medical insurance coverage (or an appropriate substitute supported by a community plan) during the trip.
6. I give permission to the team leader or adult sponsor to consent to any and all x-ray examination, anesthetic, dental, surgical diagnosis, treatment or hospital care to be rendered in the exercise of his/her best judgment under the laws of the country(ies), state(s), or province(s) where the participant is located for the trip.
7. I will be responsible for any costs for my medical services or other care during the trip.
8. I recognize that circumstances could result in re-routing a trip team or an early ending of the trip team's assignment or cancellation.
9. This agreement will bind me as well as my estate, heirs and successors.
10. I have carefully read this agreement, fully understand its contents and voluntarily sign it, intending to be legally bound. This authorization will remain active until the trip is terminated.
11. I understand that all personal information I give the SMM will be used for trip contact only.
12. I release the use of my photo and/or quotes to SMM for communication material
13. I have read the SMM Expectations of a Volunteer and agree to abide by them at all times on this trip. I acknowledge that if I am asked to leave due to my own poor decisions, I am responsible for all expenses after the time of termination. \_\_\_\_\_ (initial)

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless SendMeMissions, Inc. from all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer disaster effort in which I participate. I likewise hold harmless from liability any person transporting me to or from any disaster relief activity. In addition, disaster relief officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me during disaster relief efforts.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Florida, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian, if under 18 \_\_\_\_\_ Date \_\_\_\_\_

----- (Must be notarized if a minor)

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, by

\_\_\_\_\_, who is personally know or produced \_\_\_\_\_ as identification.

(SEAL)

\_\_\_\_\_  
(Printed name of notary)