**CAMP RESTORE DETROIT**

**VOLUNTEER MEDICAL LIABILITY RELEASE FORM**

*Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your relationship as a volunteer with Camp Restore-Detroit.*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge and state the following:

I have chosen to travel to Camp Restore-Detroit to perform at least one of the following ministries: disaster related clean-up/construction work, Spiritual and Emotional Care, Church related work, Caring Ministries such as food and clothing distribution, community service projects, and any other related Camp and or Church functions as required.

I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project.

**I specifically acknowledge that I do not have any personal or group medical coverage of any type and will be entirely responsible for all related medical costs and expense as a result of my work here with Camp Restore-Detroit regardless of the cause.** I further acknowledge that this responsibility extends to any sickness, illness, injury, accident, exposure or damage which would or may result from any work or activity to which I am assigned, or involved in.

I further understand that Camp Restore-Detroit is not responsible or liable for any medical expenses which I may occur and that I will hold harmless Camp Restore-Detroit, its staff, other volunteers, and or other related agencies for any medical expenses which I may incur as a result of my activities with Camp Restore-Detroit.

By my signature, for myself, and for my minor dependents if applicable, my estate and my heirs, I release, discharge, indemnify and forever hold, **Camp Restore-Detroit any and all partner Churches, facilities or organizations, together with their officers, agents, servants, and employees, harmless from any and all causes of action and or expenses arising from my participation in this project, or any activities associated therewith.**

VOLUNTEER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VOLUNTEER SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATES COVERED by**

**THIS LIABILITY FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**