

Release of Liability
Hurley Community Development Inc
Volunteer Program

I _____ understand that my involvement in Hurley Community development Inc. Volunteer program in Hurley Virginia is entirely voluntary. I also understand that some of the activities I will be engaged in will involve risks. This risk may include, but not limited to those involved in construction, travel, and recreational activities.

I understand that my participation in this program is at my own risk, and I take full responsibility for my own welfare. I will be responsible for all legal and financial responsibilities for payment of any medical, hospital and emergency care.

I also give permission to Hurley Community Development Inc. to use any photographs of myself or written comments for the purpose of promoting this program.

I, for myself, and for my successors of every kind, by my signature hereby release the community of Hurley Virginia, Hurley Community Development Inc, Buchanan County, the Community's churches, individual clients, landowners, their staff, board, and volunteers from liability for any accident illness or loss that I may sustain while, or as a result of participating in this program.

Additionally in the case of an emergency I give permission for the acting site leader or other person in charge to provide me reasonable and necessary medical care including professional medical care.

Signature of Participate

Date

Signature of Legal Guardian
(If participate is under 18)

Date

Insurance Information

Name of Health Insurance Company _____

Name under which the insurance is filed _____

Policy Number _____ Type of coverage _____

Emergency Contact _____ Phone _____

Note this form must be returned to HCD prior to participating in the program. If we do not get this form you will NOT be allowed to participate in the weeks activities.