



**PROJECT
HOMELESS
CONNECT**

Agreement and Release From Liability

1. Voluntary Participation. I, _____ (*please print name*), acknowledge that I have voluntarily applied to participate in this activity organized for the purpose of helping those in need .
2. Assumption of Risk. I am aware that some of the activities that I may be involved in at or on behalf of Project Homeless Connect may present certain unforeseen hazards. I further acknowledge that I will utilize protective equipment and observe necessary precautions if I am required to perform any physical tasks such as lifting, bending, kneeling, etc. Despite any risks associated with my volunteer duties performed on behalf of Project Homeless Connect, I am voluntarily participating in these activities with full knowledge of any dangers involved, and agree to accept any and all risks of injury or death, and verify this statement with my signature below.
3. Release. As consideration for being permitted to participate in Project Homeless Connect related activities and use related facilities, I agree that I, my assignees, heir, distributes, guardians, and legal representatives will not make a claim against, sue, or attach property on account of injury or damage resulting from negligence or other acts, in whatsoever manner caused, by any employee, or agent, as a result of my participation in this volunteer program. I hereby release Project Homeless Connect, its officers, agents or assignees from all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in this volunteer program.
4. Knowing and Voluntary Execution. I have carefully read this Agreement and Release From Liability and fully understand its contents. I am aware that this is a release of liability and sign it of my own free will.

Signature: _____

Date: _____

(*Volunteer or Guardian*)

Emergency Contact Information

(PLEASE PRINT LEGIBLY)

Name: _____

Relationship: _____

Telephone Number: _____

Alternate Number (Optional): _____