



CRISIS RECOVERY INTERNATIONAL VOLUNTEERS

HOLD HARMLESS/INFORMED CONSENT AGREEMENT

I, _____, acknowledge that injuries or loss can result from participation or association when traveling to and/or working at disaster sites with Crisis Recovery International Volunteers. I further realize that participating in this event may involve risks and dangers, both known and unknown, and have elected to take part in this trip. Therefore, I voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of participating and traveling to or from disaster-affected locations.

I furthermore release Crisis Recovery International Volunteers, its Officers, Staff, and Agents from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to me or loss that I may suffer while participating in or associating with Crisis Recovery International Volunteers. I also grant permission to be transported to local doctors, clinics or hospitals in the event of any injury and/or illness and will assume responsibility for all costs, including costs of collection that may include reasonable attorney fees.

I have read the above Hold Harmless/Informed Consent Agreement, understand its meaning and sign it voluntarily.

Signature of Participant

Date

Return this signed form to Crisis Recovery International Volunteers

PO Box 30766, Lincoln, NE 68503 or FAX to 402.435.1501