

Blanco River Regional Recovery Team (BR3T)
BR3T Response Volunteer Intake Form

Please check: Memorial Day Flood 2015 _____ October Flood Response 2015 _____

Name: _____		Birthdate: ___/___/___	
Address: _____			
City: _____		State: _____	ZIP: _____
Phone number: _____		E-mail: _____	
Occupation: _____		Employer: _____	
Emergency contact: _____			
Relationship: _____		Phone number: _____	
Are you currently affiliated with a disaster relief agency? ___Yes ___No			
If so, what agency? _____			

Have you received a tetanus shot within the past 5 years? ___Yes ___No

Do you have special training, equipment or talents which could help without recovery?

Do you work or are you affiliated with an organization that can plan an organized group to return to assist in the recovery? If so, please share that information and a contact person if available.

Please ensure you sign the second page of this form!

Blanco River Regional Recovery Team

RELEASE AND WAIVER OF LIABILITY

For Individual and Group Volunteers

PLEASE READ CAREFULLY. THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS.

This Release and Waiver of Liability, executed on (date) _____, by (volunteer's name) _____, in favor of **BR3T**, its directors, officers, members, affiliates, their partnering organizations; the **State of Texas** and herein referred to as "**BR3T Recovery Taskforce**".

I, the volunteer, desire to work as a volunteer for the **BR3T Recovery Taskforce** and engage in activities, as coordinated by the **BR3T Recovery Taskforce** related to being a volunteer. I understand that such activities may include, but not limited to, tree and debris, application of tarps, distribution of goods. I freely and voluntarily execute this Release under the following terms.

1. **RELEASE AND WAIVER.** I hereby release and forever discharge the **BR3T Recovery Taskforce** from any and all liability, claims and demands of whatever kind either in law or in equity, which arise or may hereafter arise from my activities with the **BR3T Recovery Taskforce**. I understand that this Release discharges the **BR3T Recovery Taskforce** from any liability or claim that I may have against the **BR3T Recovery Taskforce** with respect to bodily injury, personal injury or property damages that may result from my activities with the **BR3T Recovery Taskforce**. I also understand that the **BR3T Recovery Taskforce** does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health, auto or disability insurance in the event of injury or loss.

2. **MEDICAL TREATMENT.** I hereby release and forever discharge the **BR3T Recovery Taskforce** from any claim which arises or may arise on account of first aid, treatment or any service rendered in connection with my volunteer activities with the **BR3T Recovery Taskforce**.

3. **ASSUMPTION OF RISK.** I understand that my volunteer activities may include work that is hazardous, including but not limited to work around power tools, heavy machinery, as well as transportation to and from the work site. I hereby expressly assume the risk of injury or harm in the volunteer activities.

4. **INSURANCE.** I understand that **BR3T Recovery Taskforce** does not carry or provide health, medical, disability or auto insurance coverage for any emergent volunteer. Each volunteer is expected and encouraged to obtain his or her own medical, health, disability and auto insurance.

5. **PHOTOGRAPHIC RELEASE.** I hereby grant unto **BR3T Recovery Taskforce** all rights to any and all photographic and video images made during my service with **BR3T Recovery Taskforce** for internal use or reasons of publicity.

6. **OTHER.** I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by local and state laws. I agree that in the event that any provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such provision shall not otherwise affect the remainder of the Release and Waiver, which shall continue to be held enforceable.

Organization Name if applicable: _____

Volunteer signature: _____ Date: _____

Parent or guardian signature: _____ Date: _____
(for volunteers under the age of 18)

Emergency Contact Information

Contact person: _____

Relationship to volunteer: _____

Contact phone number: _____ Secondary number: _____

Collected by: _____ @ _____ on ____ / ____ / ____ at ____ am/pm
location