



# VOLUNTEER LIABILITY RELEASE FORM

Date: \_\_\_\_\_

I, the undersigned, in consideration of my desire to serve as a volunteer in efforts to be conducted by Long Island Cares, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary effort, disaster exercise or other activity of any nature, including the use of equipment and facilities of Long Island Cares.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge Long Island Cares and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of New York, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I authorize Long Island Cares to use my voice and likeness which may be integral to media productions depicting my volunteering efforts. However, my name and other personal data will be not be used without my express authorization as evidenced by my signature on a separate agreement.

I am at least 18 years of age or, if not, my parent/guardian will sign below. I have no known mental or physical condition that would impair my capability for full participation as intended or expected of me. I do not expect any remuneration for my volunteer efforts. I have carefully read the foregoing release and indemnification and understand the contents thereof and I sign this document of my own free will.

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Participant's Signature

### Parent/Guardian of a volunteer under 18 years of age:

I, the undersigned, am the parent or guardian of the above participant who is less than 18 years of age. I have carefully read the foregoing release and indemnification and understand the contents thereof and I sign this document of my own free will in order to authorize his or her participation as volunteer.

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Parent/Guardian's Signature

### LONG ISLAND CARES USE ONLY

\_\_\_\_\_  
LIC Staff (Print Name)

\_\_\_\_\_  
LIC Staff (Signature)