



Washington Disaster-Relief Volunteer Release of Liability & Assumption of Risk Agreement

Organization: _____

Volunteer Name: _____ Date: _____

Phone: _____ Email: _____

1. Voluntary Participation

I understand that I am voluntarily participating as a **disaster-relief volunteer** for the above-named organization. I am not an employee and will not receive wages, benefits, or workers' compensation.

2. Nature of Disaster-Relief Activities

I understand that disaster-relief work may involve extremely hazardous conditions, including but not limited to:

- Unstable or collapsed structures
- Debris removal, demolition, or heavy physical labor
- Use of tools, machinery, or heavy equipment
- Exposure to hazardous materials, chemicals, smoke, or contaminated water
- Fire, flooding, extreme weather, or environmental dangers
- Emergency medical situations
- Limited access to medical care or emergency services
- Working near vehicles, generators, or electrical hazards

I understand these conditions may change rapidly and unpredictably.

3. Assumption of Risk (High-Risk Activities)

I acknowledge that disaster-relief work carries **serious risks**, including severe injury or death. These risks include but are not limited to:

- Crush injuries, falls, or structural collapse
- Burns, electrocution, or exposure to toxic substances
- Respiratory injuries from smoke, dust, or chemicals
- Cuts, punctures, sprains, fractures, or head injuries
- Vehicle or equipment accidents
- Heat exhaustion, hypothermia, dehydration, or illness

I **voluntarily assume all risks**, whether known or unknown, inherent or arising from the conditions of the site, the actions of others, or the nature of disaster-relief operations.

4. Release of Liability (Ordinary Negligence Only)

To the fullest extent permitted by Washington law, I release and hold harmless the organization, its officers, employees, volunteers, and agents from **any claims arising out of ordinary negligence** connected with my disaster-relief activities.

I understand this release **does not apply** to:

- Gross negligence
- Reckless conduct
- Intentional misconduct

I understand Washington law does not allow waivers of liability for such conduct.

5. Personal Protective Equipment (PPE)

I agree to use all required PPE, including helmets, gloves, boots, masks, respirators, eye protection, or other safety gear. I understand that failure to use PPE increases my risk of injury.

6. Safety Rules & Instructions

I agree to follow all safety instructions, site protocols, hazard warnings, and directions from supervisors. I will immediately report unsafe conditions, injuries, or near-miss incidents.

7. Medical Treatment Authorization

If I am injured, I authorize the organization to obtain emergency medical treatment for me. I agree to be responsible for any costs associated with such treatment.

8. Transportation Risks

I understand that disaster-relief work may require transportation in vehicles over damaged roads, debris-covered areas, or unstable terrain. I assume all risks associated with such transportation.

9. Photographs & Media

I give permission for the organization to use photographs or videos of me taken during volunteer activities for non-commercial purposes such as outreach, education, or promotion.

☐ **Yes** ☐ **No**

10. Washington Law Applies

This agreement is governed by the laws of the **State of Washington**. If any part is found unenforceable, the remaining provisions will continue in full force.

11. Acknowledgment & Signature

I have read this agreement, understand it, and sign it voluntarily. I understand I may ask questions before signing.

Volunteer Signature: _____

Printed Name: _____ **Date:** _____

Parent/Guardian Signature (if volunteer is under 18): _____

Printed Name: _____ **Date:** _____

EMERGENCY CONTACT:

Emergency Contact Name & Relationship: _____

Phone: _____ Email: _____

Volunteer Allergies, medications and other information needed in an emergency: _____