



**Important:** All **VOLUNTEER** Salvation Army disaster workers, aged **18 & older**, must have a signed Waiver of Liability on file. Please complete the following form and return this form to your local Salvation Army unit. Please print legibly!  
**PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT!**

This release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_ (the "Participant") in favor of **THE SALVATION ARMY**, a non-profit corporation organized and existing under the laws of the State of Illinois, USA, its directors, officers, employees, volunteers and agents (collectively, "The Salvation Army").

I, the Participant, desire to volunteer with The Salvation Army to provide emergency disaster relief services and engage in the activities related to offering these services. I understand that the activities may include, but are not limited to, travel to disaster sites in the United States; transportation in commercial and Salvation Army-owned vehicles; moving and lifting heavy objects; cooking and serving food; and working and inhabiting environments that may be without power, sanitation, or are otherwise damaged by the disaster event.

I hereby freely and voluntarily, without duress, execute the Release under the following terms:

1. **Waiver and Release.** I, the Participant, release and forever discharge and hold harmless The Salvation Army from any claim or liability that I, the Participant, may have against The Salvation Army with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in a disaster relief operation. I also understand that The Salvation Army does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).
2. **Insurance.** The Salvation Army does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. **EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A SALVATION ARMY DISASTER WORKER.**
3. **Medical Treatment.** Except as otherwise agreed to by The Salvation Army in writing, I hereby release and forever discharge The Salvation Army from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with The Salvation Army.
4. **Assumption of Risk.** I understand that my time with The Salvation Army may include activities that may be hazardous to me, including, but not limited to, cook and food preparation activities, loading and unloading of heavy equipment and materials, transportation to and from the disaster site, and working in locations damaged by the effects of a disaster. I recognize and understand that my time with The Salvation Army may, in some situations, involve inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and release The Salvation Army from all liability for injury, illness, death or property damage resulting from the activities of my time with The Salvation Army.
5. **Photographic Release.** I grant and convey unto The Salvation Army all right, title and interest in any and all photographic images and video or audio recordings made by The Salvation Army during my work for The Salvation Army, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
6. **Other.** I understand that it is my desire to further the work of The Salvation Army by performing services as a Volunteer, specifically as a Volunteer in Emergency Disaster Services. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of The Salvation Army.

To express my understanding of this Release, I sign here with a witness.

**Participant Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_