

## **ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

**LESM , a ministry of the Lutheran-Episcopal Services in Mississippi, is organizing groups of volunteers to assist residents of the Mississippi Gulf Coast who have suffered losses and property damage due to Hurricane Katrina.**

**I, \_\_\_\_\_, acknowledge that I have volunteered to participate in LESM disaster relief efforts. In consideration of my participation in LESM, I agree as follows:**

**To the best of my knowledge, there are no health-related reasons or problems that preclude me from participation in these efforts; and I agree to work within my known physical limitations as described or listed herein \_\_\_\_\_.**

**Furthermore, I state that I have obtained a current tetanus booster.**

**I agree to wear proper clothing and safety gear, as advised, and to take safety precautions so as to insure myself and my team against injury.**

**In the case of injury or illness, I recognize that LESM is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility, including the assumption of any cost incurred for medical treatment.**

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY: Knowing the risks described above, I agree to release LESM from and against any and all claims I may have for any losses, damages or injuries arising out of my participation in the disaster relief efforts**

**SIGNATURE: I indicate by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it.**

\_\_\_\_\_  
*Signature of LESM volunteer*

\_\_\_\_\_  
**Date**