

NAILS Mission Project
635 East First Street
Cumberland, MD 21502



Office 301.724-6606 Ext. 109

www.CumberlandHousing.org

PARTICIPANT LIABILITY RELEASE / PARENTAL RELEASE

This form must be completed for every individual participating in the project.

I have agreed to participate as a volunteer in NAILS Mission Work Projects.

I understand that this work entails a risk of physical injury and often involves physical labor, heavy lifting and other strenuous activity; that this activity may involve working on ladders and other above ground or below ground work sites; that often, potentially dangerous tools and equipment are used; that often I will be working with other volunteers who have varying levels and degrees of skill and safety training; and that I may become exposed to hazardous conditions. I also acknowledge that unexpected events may occur, changing the nature of the projects. I willingly accept these risks.

I understand that NAILS is a volunteer, not-for-profit organization, and that my work is voluntary and without pay or compensation. I agree that I am not an employee of NAILS.

I certify that I am in good health and that I am physically able to perform this type of work. I agree to take precautions for my own safety and health. However, if a situation arises where I do not feel comfortable, I will decline to do any such task. I further agree to follow the instructions and direction of the supervisor, if any, at the site.

I understand that I may be working at the private home of those for whom work is performed, and I agree to respect their privacy and their property.

I further certify that I have health and accident insurance which covers me personally through _____ Policy # _____ to cover any injury or illness that may result from this work.

Do you have any health problems or physical limitations? YES NO

If yes, please detail: _____

Do you have any special needs Requirements? YES NO

If yes, please detail: _____

VOLUNTEERS WHO ARE MINORS: In the event of an emergency, through my signature below, I hereby give my consent as the legal guardian of the minor identified above to a licensed physician and/or EMT/EMS personnel to administer appropriate medical care to my child.

I accept any and all risks of personal injury, illness and property damage or loss to me or to my property which may result from my participation in the NAILS work project, including but not limited to the work itself, travel to and from the project, food and lodging, the conduct of others, or dangerous conditions on the site. I do further expressly waive, release, and relinquish any claim of any nature, known or unknown, for any loss, injury or damage of any nature, actual or consequential, which may arise as a result of my volunteer work with NAILS and do further agree to indemnify and hold harmless NAILS, Cumberland Neighborhood Housing Services, Inc., other volunteers serving as site supervisors, any church or congregation which allows the use of their building for lodging, meals, meeting or storage space, or the agents or representatives of such organizations, from any claim as a result thereof and the acts, whether negligent or otherwise, of such persons.

I certify that I have read the above statement and that I fully understand and accept the terms thereof.

Volunteer Name: _____

Organization Represented: _____

Signature of Volunteer: _____

Signature of Parent or Legal Guardian (if minor)

Home Address: _____

Home Phone: _____

In case of emergency to the volunteer, please contact:

Name: _____ Phone: _____