



Volunteer Release

WHEREAS, the undersigned will be in the Cedar Rapids, Iowa area working as a volunteer on projects which are sponsored in whole or in part by Linn Area Long Term Recovery Coalition.

WHEREAS, the undersigned desires to release and hold harmless, LALTRC, its officers, directors, members, sponsors, volunteers and any other organization involved directly or indirectly.

NOW, THEREFORE, in consideration of the undersigned working on projects sponsored by LALTRC, the undersigned hereby releases and discharges LALTRC, its officers, directors, members, sponsors, volunteers and any other organization involved directly or indirectly, present and future, known or unknown, in any matter arising out of the project; further the undersigned specifically assumes all risk involved in travel and work on the projects and all activities surrounding the projects. I understand that LALTRC does not carry or maintain any health, medical, or disability insurance coverage, for its volunteers, and that I am expected to carry my own personal health insurance and liability insurance.

The undersigned will never institute any action or suit at law or in equity against LALTRC, its officers, directors, members, sponsors, volunteers and any other organization involved directly or indirectly, nor institute, prosecute or in any way aid in the institution or prosecution of any claim, demand, action or cause or action for damages, cost, loss of service expenses or compensation for or on account of any damage, loss, or injury either to person or property, or both, whether developed or underdeveloped, resulting or to result, known or unknown, past or present or future, arising out the undersigned working with LALTRC on the Cedar Rapids, Iowa projects.

LALTRC shall have the right to use, for any legitimate purpose, any and all photographic images and video or audio recordings provided to them in any volunteer activities, including those in which I am depicted, and I waive all rights to compensation by reason of such use.

Dated the _____ day, of _____.

Signature _____ Print Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Mobile Number _____

E-mail address _____

Name of group (if any) _____

IN CASE OF EMERGENCY,

Primary Contact: _____ Alternate Contact: _____

Relationship: _____ Relationship: _____

Telephone: _____ Telephone: _____

PARENTAL RELEASE FORM (for volunteers under the age of 18)

I hereby give permission for my child to volunteer.

Name Parent/Guardian _____ Phone _____

Signature of Parent or Guardian _____ Date _____