

**C.O.R.E. ALLIANCE**  
**Christians Organized for Relief Efforts**  
**(Volunteer)**  
**Liability Release Form**

Please read before signing, as this constitutes the agreement as a volunteer and the understanding of your working relationship as a volunteer with Christians Organized for Relief Efforts. From here throughout the rest of this release document shall be referred to as C.O.R.E.

I, (name) \_\_\_\_\_, acknowledge and state the following: I have chosen to volunteer with C.O.R.E. to assist them in their relief efforts.

I understand that this work entails a risk of physical injury due to being in an environment that I may not be accustomed to and performing duties or tasks that I do not perform on a normal basis. I certify that I am in good health and physically able to perform this type work.

I understand that I am engaging in this project at my own risk. I understand that this is an effort to support individuals or organizations that are assisting others. I assume all risk and responsibility for any damage or injury to my property or any personal injury, which I may sustain while involved in this project and any related medical costs and expenses.

I understand that any organization, company, individual or personnel affiliated with C.O.R.E. is not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold them harmless in the event of theft or for loss resulting from any source of cause. I further understand that I am to abide by whatever rules and regulations may be in effect for the accommodations at that time.

By my signature, for myself, my estate, and my heirs, I release, discharge, indemnify, and forever hold C.O.R.E. together with their officers, agents, servants, employees, or any one or thing associated with them harmless from any and all causes of action arising from my participation in this project and travel or lodging associated therewith, including any damages which may be caused by their negligence.

**Which Project are you volunteering for:** \_\_\_\_\_

Participant (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

If under 18, signature of parent or guardian \_\_\_\_\_

Person to contact in case of emergency \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

Witness (please print) \_\_\_\_\_

Signature \_\_\_\_\_