



**Brethren Disaster Ministries**  
P. O. Box 188, 601 Main Street  
New Windsor, MD 21776  
410-635-8734 410-635-8739 (fax)

### **VOLUNTARY HOLD HARMLESS WAIVER OF LIABILITY**

I understand that by volunteering for Brethren Disaster Ministries Children's Disaster Services, a ministry of the Church of the Brethren, an Illinois not-for-profit corporation (hereinafter called Children's Disaster Services), that I do so at my own risk.

In consideration of being permitted to assist in American Red Cross Disaster Service Centers, Shelters, Federal Emergency Management Agency Disaster Recovery Centers and/or any other disaster related facility, I further agree that the Church of the Brethren shall not be liable for any damages arising from personal injuries sustained by me in traveling to and from the disaster site, or while on the assigned project.

I further, fully and forever, release and discharge the Church of the Brethren, its directors, employees, and agents from any and all claims, demands, damages, or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of my service in a disaster response.

I have carefully read this Voluntary Hold Harmless Waiver of Liability and fully understand it's content and intent this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

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### **Medical Information**

1. What prescription and over the counter medications are you currently taking? \_\_\_\_\_

2. Do you have severe allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, please list \_\_\_\_\_

3. Do you have major health concerns? If so, give details \_\_\_\_\_

4. Special needs of any kind. \_\_\_\_\_

\_\_\_\_\_  
(Please put Medical insurance information on other side and provide a copy of insurance card if possible.)  
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