

**2019 Flood Response Volunteer Intake Form**

Name:	Phone #
Address:	Over 18 ?    Yes <input type="checkbox"/> No <input type="checkbox"/> If under 18, list age _____
Emergency Contact	Phone #

**Informed Consent, Waiver and Release of Liability Agreement for 2019 Flood**

**Acknowledgement and Assumption of Risk**

I recognize that assisting with 2019 Flood response activities may involve physical labor and may carry a risk of personal injury. I hereby agree to assume all risks which may be associated with or may result from my participation with 2019 Flood response activities.

**Waiver and Release of Liability**

I agree to release Cass County, City of Fargo, City of West Fargo, FirstLink, and North Dakota State University, their agencies, departments, officers, employees, agents, and all sponsors and/or officials and staff of any said entity or person, their representatives, agents, affiliates, directors, servants, volunteers, and employees (hereinafter referred to collectively as "Parties Released") from the cost of any medical care that I receive while participating in 2019 Flood response activities or as a result of it.

I further agree to waive, release, and discharge the Parties Released from any and all liability, claims, demands, actions, and causes of actions whatsoever, except to the extent prohibited by N.D.C.C. § 9-08-02, for any loss, claim, damage, injury, illness, attorney's fees or harm of any kind or nature to me arising out of any and all activities associated with participating in the 2019 Flood response activities.

I further agree to indemnify, save, and hold harmless the Parties Released from and against any and all claims of any nature, including all costs, expenses, and fees, arising out of or resulting from my participation in the 2019 Flood response activities.

**Consent**

I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies which may otherwise be available to me regarding any losses I may sustain as a result of my participation.

***I have read and agree to the above waiver***

Signature:	Date  2019
Signature of Parent or Guardian (if under 18):	

Employer:
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Time in	Time out	Estimated hours you will volunteer today	Location