



FLOOD RECOVERY VOLUNTEER WAIVER



I understand that my participation is voluntary. I am aware of the risks and hazards inherent in participating and do hereby release and hold harmless Attack Poverty and it's Friends Initiatives, volunteers, affiliates, and employees of all liability with regard to any physical or emotional harm that I may sustain during the time I volunteer.

GROUP NAME _____ LOCATION: FNR FNRO FOS FNS
if applicable

Name: _____ D.O.B.: ____/____/____

Email: _____ Phone _____

Address: _____ City _____ Zip code _____

Allergies/Reaction: _____

Emergency Contact _____
Name Relationship Phone #

Signature Date



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