U.S. Committee for Refugees and Immigrants Volunteer Program
Assumption of Risk, Waiver, and Release of Liability

This Assumption of Risk, Waiver, and Release of Liability is a legal agreement executed in favor of the U.S. Committee for Refugees and Immigrants (USCRI), its field offices, trustees, directors, offices, employees and agents. Please read this document carefully before signing.

I, _____, acknowledge that I freely agree to participate in USCRI's volunteer program.

General Waiver and Release of Liability
I understand that my participation as a volunteer is not covered by workers compensation or other USCRI insurance. I hereby release, waive and discharge USCRI, its trustees, officers, agents and employees from any and all liability, claim, damages and losses arising out of or in connection with my volunteer experience, including, without limitation, any loss, damage or injury arising while traveling to and from cities and towns within and outside of the United States of America, or arising from delayed or changed departure or arrival, missed carrier connections, weather, strikes, acts of God, force majeure, civil unrest, war, terrorism, quarantine, criminal activity, accident, sickness, injury or death or other circumstances, that may be sustained by me or to any property belonging to me while participating in the volunteer program.

Medical Treatment
I understand that USCRI does not provide health insurance to volunteers. I therefore certify that I carry valid and current health insurance that will cover medical services that might be necessary due to accidents, illnesses or injuries I may face while participating in this volunteer program. I agree that I will not participate in the volunteer program should I become uninsured.

Substance Abuse
USCRI policies strictly prohibit the use of, or dealing in, any illegal drugs or other controlled substances at any time. It is against USCRI's policy to volunteer while impaired by drugs, alcohol, or other controlled substances.

Assumption of Risk
I recognize that there may be unavoidable and unforeseeable risks involved in participation in any volunteer program. I further agree that participation in any activity will be at my own discretion and judgment. I voluntarily assume the risk of injury or harm to my person or property or the persons or property of my accompanying dependents or companions during my participation in this volunteer program. I understand that USCRI is not responsible for the acts or omissions of any third party.

Standards of Conduct/Discipline
I agree to become informed of and to abide by the policies and standards of the organization established for the volunteer program including a confidentiality agreement. I agree to provide the necessary authorization for USCRI to run a national background check (which will not include a credit check). I further understand that if my immigration status does not allow a screening to be performed or the screening produces results unacceptable to USCRI I may not be permitted to participate in the volunteer program. This decision is at the sole decision of the President or Vice President of USCRI.

Driving while a USCRI volunteer
Some volunteers offer to drive clients to appointments or help them perform other life needs that require driving. I acknowledge by signing below that USCRI does not cover volunteers or passengers while they are driving and that I indemnify and hold USCRI harmless against any and all liability imposed or claimed, including attorney's fees and other legal expenses, including all claims relating to the injury or death of any person or damage to any property.

I also acknowledge that I will always carry valid vehicle insurance and be willing to provide a motor vehicle driving record upon request.

It is my express intent that this Acceptance of Risk Agreement shall bind the members of my family, my heirs and assigns. This agreement shall be construed in accordance with the laws of the _____ (insert State).

I am 18 years of age or older. I have read and fully understand the above Acceptance of Risk, Waiver and Release of Liability Agreement. I voluntarily sign this Agreement.

Volunteer name (please print): _____

Signature: _____

Date: _____