

**Knox Area Veterans Stand Down for Homeless Veterans  
PO Box 453  
Knoxville, TN 37901**

**Friday 15 October 2010 and Saturday 16 October 2010  
Location: Park West Church of God  
7635 Middlebrook Pike Knoxville TN 37919**

**Volunteer Coordinator: Connie Sexton [865] 573-7537**

**Volunteer Registration Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

Organization Name \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Best Way to Reach You: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ e-mail \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Your e-mail address? \_\_\_\_\_ @ \_\_\_\_\_

**Please select from the following areas you wish to volunteer for:**

Barber \_\_\_\_\_ Community Service Provider \_\_\_\_\_ Clothing Issue \_\_\_\_\_

Legal Service Provider \_\_\_\_\_ Medical Service Provider \_\_\_\_\_

Dental \_\_\_\_\_ Visual \_\_\_\_\_ Other Medical Skills \_\_\_\_\_

Meals \_\_\_\_\_ Pre-registration \_\_\_\_\_ Recreation \_\_\_\_\_ Security \_\_\_\_\_

Squad Leader \_\_\_\_\_ Spiritual Counseling \_\_\_\_\_ Training/Employment \_\_\_\_\_

Indicate your availability: Morning \_\_\_\_\_ Daytime \_\_\_\_\_ Overnight \_\_\_\_\_

**[PLEASE RETURN THESE FORMS TO POST OFFICE BOX SHOWN ABOVE]**

## RELEASE AND WAIVER OF LIABILITY

**Please read this! This is a legal document that affects your legal rights.**

This Release and Waiver of Liability ["Release"] is executed on this \_\_\_\_\_ day of \_\_\_\_\_, 2010 by \_\_\_\_\_ ["Volunteer"] in favor of Knox Area Veterans Stand Down, and all organizations participating therewith, including but not limited to, Knoxville Stand Down for Homeless Veterans, Veterans Affairs, American Red Cross, Tennessee National Guard [Army and Air Force], Park West Church of God, Volunteers of America, Knox County Health Department and all other participating organizations, their directors, officers, employees and agents - collectively known as the "Knox Area Veterans Stand Down". The Volunteer desires to work as a volunteer for the Stand Down and engage in the activities related to being a volunteer [the "Activities"]. The Volunteer understands that the Activities will include, but not be limited to, rendering various services to military veterans during the preparation, conduct and termination of the Knox Area Veterans Stand Down operations for the year 2010. The Volunteer thereby freely, voluntarily, and without duress executed this Release under the following terms:

1. **RELEASE AND WAIVER:** Volunteer does hereby release and forever discharge and hold harmless Stand Down and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or equity, which arise or may hereafter arise from the Volunteer's activities with Stand Down. Volunteer understands that this Release discharges Stand Down from any liability or claim that the Volunteer may have against Stand Down with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's activities with Stand Down, whether caused by the negligence of Stand Down or its officers, directors, employees, or agents or otherwise. Volunteer also understands that Stand Down does not assume any responsibility for or obligation to provide financial assistance, or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
2. **MEDICAL TREATMENT:** Volunteer does hereby release and forever discharge Stand Down from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's activities with the event.
3. **ASSUMPTION OF THE RISK:** The Volunteer understands that the activities include work that may be hazardous to the Volunteer, including but not limited to, such as providing transportation for veterans and other personnel, loading and unloading supplies and equipment, and rendering various other services at the Stand Down work sites. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the activities and releases Stand Down from all liability for injury, illness, death or property damage that results from such activities.
4. **INSURANCE:** The Volunteer understands that, except as otherwise agreed to by Stand Down in writing, that Stand Down does NOT carry or maintain health, medical or disability insurance coverage for any Volunteer.
5. **OTHER:** Volunteer expressly agrees that this Release is intended to be as broadly inclusive as permitted by the laws of the State of Tennessee, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. Volunteer agrees that in the event that any clause or provision of the Release shall be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year shown above.

VOLUNTEER:

WITNESS: