#  SUV Release and Waiver of Claims Form

I, , will be participating as a volunteer with the Oklahoma Baptists Disaster Relief Ministry operated by the Baptist General Convention of the State of Oklahoma (“BGCO”). If I should need emergency medical care or attention, the BGCO or any of its agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care, or hospitalization, as is recommended or suggested by a physician, nurse, surgeon or other health care professional.

* If such emergency care is provided, I understand that any expenses not covered by my insurance shall be my responsibility. I understand that the BGCO will not be obligated to pay either the health care professional or me for any medical expenses incurred.
* I understand that the risk of injury from any disaster relief activity is significant, including, but not limited to, the potential for permanent paralysis and death. While rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my participation in or observation of such activity.
* Furthermore, in consideration of me being allowed to participate as a volunteer with the Disaster Relief Ministry, I, on behalf of myself, hereby waive any and all claims which I may have, and I hereby agree to indemnify and hold harmless the BGCO, its agents or employees, against any and all causes of action, rights, claims or suits which I may have against the BGCO or its agents or employees as a result of injury to myself, including, but not limited to: (1) injuries arising from my participation in activities, and (2) injuries arising from the decision of the leadership of the BGCO, or any of its agents or employees to consent to the provision of emergency medical care to me.
* I give authority and permission to the BGCO and any of its staff or agents to inspect my belongings while I participate as a volunteer with the Disaster Relief Ministry.
* I have received and read the Information about the Disaster Relief Ministry and I have received satisfactory answers to all my questions about such information.

**Signature of Volunteer**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_