



## MEMBER AGREEMENT AND RELEASE OF LIABILITY

The Forsyth County Incident Management Team, nor any affiliate organization or agency is liable for any injury, illness, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with my IMT activities. I will abide with the mission, rules, regulations, policies and programs of the Forsyth County IMT.

I, \_\_\_\_\_, residing at \_\_\_\_\_  
(FULL NAME, PRINT) (FULL ADDRESS)

HEREBY ACKNOWLEDGE that I have voluntarily applied to assist and volunteer my services to the Forsyth County IMT and/or other activating agency.

**I AM AWARE THAT WORKING IN EMERGENCY AND DISASTER SITUATIONS MAY BE HAZARDOUS AND I AM PARTICIPATING IN ALL IMT ACTIVITIES WITH FULL KNOWLEDGE OF THE NATURE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. I FURTHER AGREE TO ADHERE TO THE RULES OF OPERATION ESTABLISHED BY THE FORSYTH COUNTY IMT AND THE JURISDICTION IN WHICH I AM WORKING.**

Please initial: \_\_\_\_\_

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE FORSYTH COUNTY IMT AND/OR ACTIVATING AGENCY AND THAT I SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_\_  
**Participant's Signature**

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

\_\_\_\_\_  
**Witness' Signature**

\_\_\_\_\_  
**Witness' Position**

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