

# HELP!      HELP!

Page 1 of 2

**We NEED Volunteers  
to help with this event!**

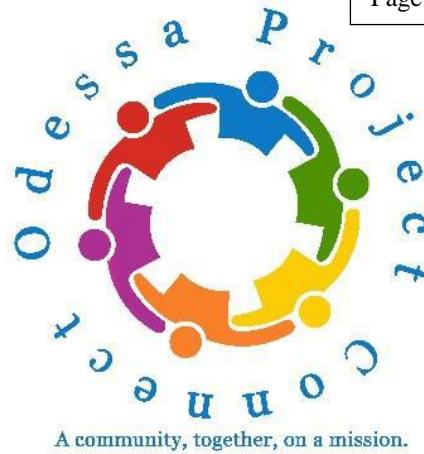
**Odessa Project Connect**

**Saturday, July 22<sup>nd</sup>, 2017**

**9:00 am to 2:00 pm**

**at the Odessa High School**

**713 S. 3rd Street, Odessa, MO**



The Health Care Collaborative of Rural Missouri and Live Well Community Health Centers are excited to be the lead agencieshosts of the 2<sup>nd</sup> annual, one-day public health service event for adults in Odessa, Missouri on Saturday, July 22, 2017 from 9:00 am to 2:00 pm at the High School. This event is for underserved and uninsured adults in need of being connected to services available to help them in their community/region. ALL services are provided FREE THAT DAY!

We will have dentists available to do free dental extractions (no cleanings). There will be free mental health screenings, Veteran's services, vouchers for driver's licenses, birth certificates and smoke alarms, manicures, haircuts, free photographs and MORE. We hope to have services by 55 or 60 organizations. We want to serve and disseminate information to Guests connecting them to resources that day and raising awareness of what is available for future use. **Most Volunteers will help Guests access those services! Show up BY 8:00 am that morning and we will train you before starting!**

This event is being organized by the Health Care Collaborative of Rural Missouri and Live Well Community Health Centers in collaboration with the Lafayette County Social Services Committee, many service providers, churches, business people, donors, college students and citizens of the area. We appreciate the support so all services offered at the event are free! **Please plan to Volunteer!** Also, **PLEASE tell people who have needs to come get what they need THAT DAY!**

**If you have questions OR can Volunteer, please contact Bob Vickers OR Allison Maple.**

Bob Vickers, [bob.vickers@hccnetwork.org](mailto:bob.vickers@hccnetwork.org) or call at (660) 251-0523, work; (660) 580-0007, cell  
Allison Maple, [maplea@william.jewell.edu](mailto:maplea@william.jewell.edu) or call at (816) 521-9285.

**Please share this information** with any other organization, church or civic group that you know serves the Odessa community, the area or Lafayette and Eastern Jackson Counties! We will serve ANYONE who shows up with NO qualifying!

Please send an e-mail to Bob Vickers OR Allison Maple if you are able to Volunteer to let us know we can count on you! Give us your e-mail address and we will send you more information!

# VOLUNTEER AND SERVICE PROVIDER ASSUMPTION OF RISK AND RELEASE

This is a release of legal rights—please read and understand before signing.

Page 2 of 2

Program/activity: **Odessa Project Connect—July 22, 2017**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, ST Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Organization (if any): \_\_\_\_\_

I hereby agree as follows: **Assumption of Risk and Release of Claims:** In consideration of my being allowed to volunteer in the Project Connect event (“Program”), I do hereby acknowledge that I am fully aware of all risks and hazards that may be directly or inherently involved in this Program. With full knowledge of the facts and circumstances surrounding this Program, I, for myself and anyone entitled to act on my behalf, do hereby assume all responsibility and risk from my involvement in the Program, including all risk of property damage, injury, and other hazards to me and hereby waive and release the Social Services Committee, the Planning and Leadership Team, the Health Care Collaborative of Rural Missouri, LiveWell Community Health Centers, all participating organizations, Service providers, Sponsors and donors; their governors/trustees, officers and employees (“Releasee”), from all claims or liabilities of any kind arising out of my participation in this Program.

**Health and Safety:** There are no health-related reasons or problems, which preclude or restrict my participation in Program.

I am aware of all applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I volunteer in the Program. I recognize that the Releasee is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility. If I require medical treatment or hospital care during the Program, the Releasee is not responsible for the cost or quality of such treatment or care.

I do hereby assure the Releasee that I have adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to me from my participation in the Program and that I will indemnify and hold the Releasee harmless.

**Standards of Conduct:** I shall comply with all lawful directions from Leadership Team Members and shall be required to follow all Releasee policy, procedures, rules, standards and instructions. I understand and agree that I serve at the pleasure of the Releasee and that my participation in the Program may be terminated at any time, for any reason or for no reason.

**Consideration:** I acknowledge that the opportunity to volunteer in the Program is sufficient consideration for all such service provided to Releasee and that the primary benefit of said volunteer service is to me and not the Releasee. I hereby waive any rights I may have to compensation for the work performed and any other compensation or remuneration from Releasee such as insurance, vacation, deferred compensation, or overtime.

**I have carefully read this Assumption of Risk and Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made.** This agreement shall become effective only upon receipt by the Releasee and shall be governed by the laws of the State of Missouri, which shall be the forum for any lawsuits filed under or incident to this Release or to the Program.

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

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

\_\_\_\_\_  
**Signature of Legal Guardian (if under 18 years old)**

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

Please fax this form ASAP back to (660) 251-0524, or mail it to HCC (825 S. Bus. 13 Hwy, Lexington, MO 64067) **OR** bring it with you the morning of the Project Connect event—having it will speed the process that morning. . .

**We will have your shirt, have you prepare a name tag with *first name only* and wear it and start helping others! Thank You!**