For more information regarding the homeless count, please contact Jacklyn Duckham at 631-464-4314 x 121 or [jduckham@addressthehomeless.org](mailto:jduckham@addressthehomeless.org) or Mike Giuffrida at 631-464-4314 x 111 or [mgiuffrida@addressthehomeless.org](mailto:mgiuffrida@addressthehomeless.org).

*Thank you for being the change you wish to see in the world*

600 Albany Ave, Suite 2  Amityville, New York 11701  (631) 464-4314 *Fax* (631) 464-4319

*Please send completed waiver to Jacklyn Duckham, CoC Training Manager at Jduckham@addressthehomeless.org*

2019 Homeless Count Waiver of Liability and Release

For and in consideration of the opportunity to participate in the homeless count volunteer program offered by the Long Island Coalition for the Homeless and Long Island Continuum of Care on Wednesday, January 23, 2019, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for the personal injury, property damage or wrongful death occurring to or incurred by the undersigned, arising as a result of any activities or services which the undersigned may engage in, provide or receive through the volunteer opportunities offered by the Long Island Coalition for the Homeless and Long Island Continuum of Care, or any activities incidental thereto, wherever or however the same may occur and for whatever period said activities or services may continue, and the undersigned does for himself or herself, his or her heirs, agents, executors, administrators and assigns hereby release, waive, discharge, and relinquish any action or causes of action, aforesaid, which may hereafter arise for the undersigned, and agrees that under no circumstances will the undersigned, or her or his heirs, agents, executors, administrators, present any claim or file any action for personal injury, property damage or wrongful death against the Long Island Coalition for the Homeless and Long Island Continuum of Care or any of its board members, commissioners, officers, agents, servants, or employees. The undersigned, for herself or himself, her or his heirs, agents, executors, administrators agree that in the

event that any claim for personal injury, property damage or wrongful death shall be prosecuted against the Long Island Coalition for the Homeless and Long Island Continuum of Care related to the above described activities of the undersigned, the undersigned shall defend, indemnify, and save harmless the same from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage, or wrongful death.

**Name of Volunteer (Please Print)**

**Volunteer Signature**

**Signature of parent/guardian if volunteer is under 18**

**Date**