



Point-in-Time Homeless Count Volunteer Release and Confidentiality Agreement

Name: _____
Address: _____
Agency: _____

Phone: _____
E-mail: _____
County: _____

I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including traveling to and from this event, the Missouri Balance of State Continuum of Care (the “CoC”), and any other entity (including any respective directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers) involved in the Point-in-Time Homeless Count (the “Count”).

I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in the previous paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise. I acknowledge that the CoC, any other entity involved with the planning or administration of the Count (including their respective directors, officers, volunteers, representatives, and agents) are NOT responsible for the errors, omissions, acts, or failures to act by any party or entity conducting a specific event or activity on behalf of the CoC, or any other related entity. I acknowledge the contemplated activities or events may involve a test of a person’s physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, condition of participants, equipment, actions of other people including, but not limited to, participants, volunteers, spectators, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are inherent for all participants. I hereby consent to the administration of medical treatment to myself if it is deemed advisable in the event of injury, accident, and/or illness during this activity or event. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I acknowledge and agree that all information obtained during the Count is confidential and is to be only used for the purpose of counting the number of unsheltered persons in _____ County, Missouri. I agree not to disclose any information I may receive during the Count except as strictly necessary to carry out the intent of the Count as directed by the CoC.

I CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature

Date

Please complete this form and return it to _____, Point-in-Time Count Leader at _____ no later than close of business on January 28th, 2026.

*Note for Coordinators: Ensure that you send a copy of all volunteer agreements to the Point in Time Committee Chair. Keep a record of these files for 1 year, in the event that participation needs to be confirmed with the Point in Time Count for MHDC funding documentation.