



LIABILITY RELEASE FORM

The Liability Release Form is required to receive a curfew pass which permits entry into impacted areas following a disaster event.

The undersigned agrees and does hereby release the Government of the Virgin Islands, the Virgin Islands Territorial Emergency Management Agency, the Virgin Islands Police Department, and their employees, boards or commissions, officers, agents, servants, and employees, including volunteers, from and against any and all claims, demands, expense, losses, suits, cost, actions, fines, penalties, and liability, whether actual or alleged, arising out of or resulting from injury, sickness, disease, or death to any person or the damage, loss, expense or destruction of any property, including loss of use resulting there from, which may occur, be caused by, or in any way resulting from or connected to the emergency situation or subject storm event and the use of any authorized curfew pass or badge.

The undersigned further agrees to abide by all the rules and regulations promulgated by the above agencies during storm related events or other emergency situations and to law enforcement officers on the field.

The undersigned understands that life-threatening obstacles and hazards to life and limb may exist and that public services, including emergency response, may not be available due to the condition that exist in this emergency situation, and undersigned assumes all of the risk, known and unknown, associated with these conditions.

The undersigned further understands and agrees, to the fullest extent permitted by law, to fully protect, defend, indemnify, save and hold harmless the Government of the US Virgin Islands, VITEMA, and the Virgin Islands Police Department, and any of their employees, boards or commissions, districts, officers, agents, servants, and employees, including volunteers, from and against any and all claims, demands, expense, losses, suits, costs, actions, fines, penalties, and liability, whether actual or alleged, arising out of or resulting from injury, sickness, disease, or death to any person or damage, loss, expense or destruction of any property, including loss of use resulting there from, which may occur, be caused by, or in any way resulting from or connected to assigned curfew passes.

Signature of Authorized Representative/Date _____

Printed Name of Authorized Representative _____

Company/Organization Represented _____

Office Phone: _____ **Cell Phone:** _____

Fax: _____ **Email:** _____