

# Medical Volunteer Liability Release Agreement

Please read this document carefully. By signing this document, you are waiving certain legal rights, including the right to sue. This agreement is required for participation as a medical volunteer.

## Volunteer Information

Full Name:

Professional License Type (e.g., MD, RN, EMT):

License Number:

State of Licensure:

Phone Number:

Email Address:

## Emergency Contact Information

Emergency Contact Name:

Relationship:

Emergency Contact Phone:

## Terms of Agreement and Release

- Voluntary Status:** I acknowledge that I am offering my services as a medical volunteer of my own free will, without contemplation of compensation or future employment.
- Assumption of Risk:** I understand that my volunteer services may involve risk of injury, exposure to infectious diseases, or other hazards. I knowingly and freely assume all such risks, both known and unknown.
- Liability Release:** I hereby release, waive, and forever discharge the organizing institution, its directors, officers, employees, and agents from any and all liability, claims, demands, or causes of action arising out of any loss, damage, or injury that may be sustained by me during my volunteer service.
- Scope of Practice:** I agree to provide services only within the scope of my professional medical training, license, and credentials.
- Confidentiality:** I agree to maintain the strict confidentiality of all patient medical records and personal information in compliance with HIPAA and other applicable laws.

## Acknowledgment and Signature

By signing below, I certify that I have read and understand this agreement, and I freely and voluntarily agree to all of its terms.

Printed Name of Volunteer:

Signature (Type to sign):

Date (MM/DD/YYYY):