

Volunteer Emergency Contact and Liability Waiver

Please print and complete this form before participating in any volunteer activities. This information will be kept on file for emergency purposes.

Volunteer Personal Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Street Address:

City, State, Zip Code:

Emergency Contact Information

Primary Contact Name:

Relationship to Volunteer:

Primary Phone Number:

Alternative Phone Number:

Liability Waiver and Release

As a volunteer, I understand that my participation in volunteer services is completely voluntary. I hereby release and hold harmless the organization, its directors, officers, employees, and agents from any and all liability, claims, demands, or causes of action arising out of my participation in volunteer activities, including any physical injuries or damages I may sustain.

I acknowledge that I am volunteering at my own risk and that the organization does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Acknowledgment and Signatures

By writing my name below, I acknowledge that I have read, understood, and agreed to the terms of this liability waiver.

Volunteer Signature (Print Name):

Date:

Parent / Guardian Consent (If volunteer is under 18 years of age)

I, the parent or legal guardian of the minor volunteer listed above, do hereby give my consent for their participation and agree to all terms of this Emergency Contact and Liability Waiver on behalf of the minor.

Parent/Guardian Signature (Print Name):

Date: