

Senior Citizen Volunteer Program Waiver Form

Please print and complete this form in ink. This document is required for participation in the Senior Citizen Volunteer Program

1. Volunteer Contact Information

Full Name:

Date of Birth (MM/DD/YYYY):

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

2. Emergency Contact Information

Emergency Contact Name:

Relationship to Volunteer:

Emergency Contact Phone Number:

3. Liability Waiver and Release Agreement

By signing this document, I acknowledge that my participation in the Senior Citizen Volunteer Program is entirely voluntary. I understand that some volunteer activities may involve physical exertion, movement, or other risks. I represent that I am in good physical condition and able to perform the volunteer duties safely.

I hereby release, waive, and discharge the Senior Citizen Volunteer Program, its coordinators, sponsors, organizers, and affiliates from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature, occurring during my participation in program activities.

In the event of a medical emergency, I authorize program coordinators to secure necessary medical treatment, including hospitalization, injection, anesthesia, or surgery, if I or my emergency contact cannot be reached.

4. Acknowledgment and Signature

I have read, understood, and agree to the terms of this Waiver and Release Agreement.

Volunteer Signature (Sign on printed copy):

Date (MM/DD/YYYY):