

Event-Specific Volunteer Waiver and Consent Form

Event Name

Event Date

Volunteer Information

Full Name

Date of Birth

Address

Phone

Email

Emergency Contact Name

Emergency Contact Phone

Relationship

Waiver of Liability

I, the undersigned, acknowledge and agree that my participation as a volunteer in the above-named event is voluntary and may involve risks, including but not limited to physical injury or property damage. I knowingly and freely assume all such risks.

I hereby release and hold harmless the event organizers, sponsors, partners, and all associated persons from any and all liability, claims, demands, or causes of action related to my participation as a volunteer in this event.

I have read and accept the Waiver of Liability.

Medical Authorization

In the event of an emergency, I authorize the event organizers to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care. I agree to be responsible for payment of any medical services rendered.

I authorize emergency medical treatment as stated above.

Photo/Media Release

I grant permission for photographs, video, or audio recordings taken during this event to be used for promotional purposes on behalf of the event organizers.

I give consent for event photographs/media use.

Signature

Signature

Type your full name

Date

For Volunteers Under 18

A parent or legal guardian must complete this section:

Parent/Guardian Name

Parent/Guardian Signature

Type full name

Date