

# Volunteer Service Liability Waiver Form

## Volunteer Information

Full Name

Date of Birth

Address

Phone/Email

## Release of Liability

I, the undersigned, hereby release, discharge, and hold harmless the organization, its directors, employees, and volunteers from any and all claims, causes of action, or demands of any kind which may arise in connection with my participation in volunteer activities. I understand the risks and certify that I am voluntarily participating.

## Medical Consent

In the event of an emergency, I authorize the organization to obtain necessary medical treatment on my behalf. I assume responsibility for any expenses incurred.

I have read and understand this Volunteer Service Liability Waiver Form. By signing, I agree to its conditions.

Volunteer Signature

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Date

If under 18, Parent/Guardian Signature

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Date