

# Volunteer Activity Release of Liability Form

## Volunteer Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Release of Liability

I, the undersigned volunteer, hereby release and hold harmless the organization and its officers, directors, employees, agents, and representatives from any and all liability, claims, damages, or demands of whatever kind or nature, either in law or in equity, which arise from or may hereafter arise from my participation in volunteer activities.

I understand and acknowledge that this Release discharges the organization from any liability or claim that I may have against the organization. I understand that my participation in any volunteer activity is strictly voluntary and at my own risk.

## Medical Consent and Emergency Contact

In the event of an emergency, I authorize the organization to seek medical treatment on my behalf.

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Acknowledgment

- I certify that I have read this release and fully understand its contents.
- I am at least 18 years of age, or, if under 18, my parent/guardian has also signed below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## If under 18, Parent/Guardian Consent

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_