

Volunteer Activity Medical Waiver Form

Personal Information

Full Name

Date of Birth

Email

Phone Number

Address

Emergency Contact

Contact Name

Contact Phone

Relationship

Medical Information

Medical Conditions or Allergies

Current Medications

Physician Name (Optional)

Physician Phone (Optional)

Medical Waiver and Release

☐ I acknowledge the risks involved in volunteer activities and certify that I am physically fit to participate. I hereby release and hold harmless the organizers from any liability resulting from injury, illness, or accidents during my participation.

☐ In case of emergency, I authorize medical treatment as deemed necessary by emergency personnel.

Volunteer Signature

Date

Parent/Guardian Signature (if under 18)

Date