

# 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.

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Volunteer Signature

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Date

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Parent/Guardian Signature (if under 18)

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Date