

# Volunteer Medical Treatment Consent Waiver

I,

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, voluntarily agree to participate as a volunteer and consent to receive necessary and appropriate medical treatment in the event of illness or injury during my participation in volunteer activities.

## Consent for Treatment

I authorize the organizers, staff, or designated medical personnel to administer first aid or arrange for emergency medical care if necessary. I understand that any treatment will be provided in good faith and accept responsibility for any medical expenses incurred.

## Waiver and Release of Liability

I, for myself and on behalf of my heirs, assign, and next of kin, hereby waive, release, and hold harmless the organizers, sponsors, and their representatives from any and all claims of injury, illness, liability, or damages resulting from medical treatment received as a volunteer.

## Personal & Emergency Contact Information

Full Name

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Date of Birth

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Emergency Contact Name

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Emergency Contact Phone

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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

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