



## Volunteer Waiver & Release Contact Form

*Safe Harbor is committed to conducting its activities in the safest manner possible and holds the safety of its volunteers in the highest regard. We continually strive to reduce the risk of injury and insist that all volunteers follow safety rules and instructions that have been designed to protect their safety.*

*In the event of an accident involving an injury, please report it promptly to the volunteer liaison or staff person on-site. Please be advised that medical accident coverage is provided by Safe Harbor and any medical claims will be processed through Safe Harbor's insurance. Please note: Safe Harbor does not take personal responsibility for medical expenses. Any medical expenses incurred that are not covered by Safe Harbor's liability insurance may be considered the volunteer's responsibility.*

As a volunteer, I recognize that there are certain risks of physical injury and agree to assume such risk and any damage or loss I may sustain as a result of volunteering for any and all activities associated with Safe Harbor. I further agree to waive and release all claims I may have as a result of volunteering against Safe Harbor and their officers, agents, servants, employees, and other volunteers with whom I may be working.

I further agree to indemnify and hold harmless Safe Harbor and their officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of Safe Harbor.

In the event of an emergency, I authorize officials of Safe Harbor to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services.

**I have read and fully understand the above warnings of risk, permission to secure emergency treatment and waiver and release of all claims against Safe Harbor.** If you are representing a group, your signature on this form verifies that you have communicated the above information to those involved.

Volunteer Name (printed) \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

**If you are under the age of 18, you and your parents must read and sign this form *and* the Minors Policy and Permission Form.**

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

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

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