

Nonprofit Volunteer Outbound Trip Waiver & Consent

Volunteer Information

Full Name

Date of Birth

Email Address

Phone Number

Emergency Contact Name

Emergency Contact Phone

Home Address

Waiver of Liability

I understand and acknowledge that participation in this volunteer outbound trip organized by the nonprofit entails inherent risks. I hereby release, indemnify, and hold harmless the organization, its officers, employees, and agents from any and all liability or claims arising out of or in connection with my participation.

☐ I have read and accept the waiver of liability.

Medical Consent

In the event of a medical emergency, I authorize the nonprofit and its representatives to obtain medical treatment for me and agree to pay any costs incurred as a result of such treatment.

☐ I consent to medical treatment as described.

Photo & Media Release

I grant permission to the nonprofit to use photographs or recordings of me taken during the trip for nonprofit promotional purposes.

☐ I grant media consent.

Signature

Date