

Volunteer Carpool Waiver Form

VOLUNTEER INFORMATION

Full Name

Email Address

Phone Number

Emergency Contact Name

Emergency Contact Phone

CARPOOL INFORMATION

Are you a car owner/driver?

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Vehicle Make/Model (if driver)

License Plate

Proof of Insurance (if driver)

WAIVER OF LIABILITY

By signing below, I acknowledge and agree that I am participating in a volunteer carpool at my own risk. I release and hold harmless the organizers, volunteers, and any partnering organizations from any and all liability, claims, demands, actions, or causes of action arising out of or relating to any loss, damage, injury, or harm that may occur during the carpool.

Signature

Date

