



# Volunteer Waiver and Release Form

Volunteer Name: \_\_\_\_\_

Check here if volunteer is under 18

Contact E-Mail (required): \_\_\_\_\_

Parent or Legal Guardian Email (required if volunteer is under 18): \_\_\_\_\_

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

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

## Emergency Contact

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**VOLUNTEERS MUST COMPLETE THE  
WAIVER AND RELEASE FORM**

**PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED  
IF VOLUNTEER IS UNDER AGE 18**

Reach Out  
1126 W. Foothill Blvd. Suite 250  
Upland, CA. 91786  
Phone: (909) 982-8641  
Fax: (909) 982-8642



## Parental Consent Form

**\* If you 18 or over, you do NOT need a parental consent form.**

I, the parent or guardian of \_\_\_\_\_, give my voluntary consent to his/her participation in Reach Out's Community Fair, October 14, 2017.

I hereby release Reach Out, the State of California, the Board of Directors, and their officers, employees and agents from any and all liability resulting from events beyond control.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary.

Furthermore, I release Reach Out, the State of California, the Board of Directors, and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above name.

Every precaution will be taken to provide for the safety of your child. In the event of a medical emergency while attending or traveling to and from this event, I give permission for my child to receive first aid and medical treatment, which may including transportation to a medical care facility, x-ray examination, anesthetic, medical or surgical diagnosis and/or treatment. I understand that hospital care may be rendered to such minor on the advice of a duly licensed physician or surgeon; or that anesthetic, dental or surgical diagnosis and/or treatment may be rendered to such minor by a duly licensed dentist.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

(\_\_\_\_\_)\_\_\_\_\_  
Phone Number

## Participation Waiver

In consideration for participating in Reach Out's Community Fair, during October 14, 2017, I assume responsibility for all my actions while at Reach Out, facilities, traveling to and/or from any such facility, or engaged in an activity under the supervision of my adult team leader, and/or Reach Out staff and volunteers.

Furthermore, I agree to indemnify and hold harmless Reach Out, the State of California, the Board of Directors, and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune or damage to myself or my property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of myself and my property.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date