



Volunteer Liability Waiver

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

Email address: _____

Home Phone (____) _____ - _____

Cell Phone (____) _____ - _____

Emergency Contract Information:

Name: _____

Address: _____

City: _____

Home Phone (____) _____ - _____

Relationship to Applicant _____

Cell Phone (____) _____ - _____

Assumption of Risk:

I have read the Assumption of Risk _____ Volunteer Initials
I understand that community service activities may include work that may be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm, or loss or damage to property arising from participation in the activities. If I require accommodations for special needs or disabilities, I will contact AKP, whereby AKP, on a case basis, will review the accommodation request.

Authorization for Emergency Medical Treatment:

I have read the Authorization for Emergency Medical Treatment _____ Volunteer Initials
If I should become ill or injured during a volunteer activity, I understand AKP will contact the person I have designated. Should AKP be unable to contact the person designated as the Emergency Contact, they are authorized to arrange for immediate emergency treatment necessary to ensure my health and safety. I accept responsibility for payment of medical services rendered.

Photo Release:

I have read the Photo Release _____ Volunteer Initials
I grant permission to AKP to use photographs and videotapes taken of me for publication.

Voluntary Release of A Kid's Place of Tampa Bay, Inc. from Liability:

I am an adult over 18 years and I wish to participate in AKP volunteer activities, or give my child/ward named as the participant above permission to participate in AKP volunteer activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for AKP allowing me to participate in AKP volunteer activities, I understand and expressly acknowledge that I release AKP and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to my participation in AKP volunteer activities, whether on or off the AKP premises. I understand that this release includes any claims based on negligence, action or inaction of AKP, its staff, directors, members, participants and guests.

I HAVE READ, UNDERSTOOD, AND AM VOLUNTARILY AGREEING TO AND SIGNING THIS AUTHORIZATION AND RELEASE.

Printed Name of Volunteer

Staff Witness: _____

Signature of Volunteer

Date: _____

If Volunteer is Under 18

Printed Name of Parent/Legal Guardian

Date: _____

Signature of Parent/Legal Guardian