



## ALDHA VOLUNTEER WAIVER

Please read, complete, and sign the following form to participate in any ALDHA volunteer event. Return via email to John Jordan (johnjordan@aldha.org)

### VOLUNTEER INFORMATION

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

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

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

### EMERGENCY CONTACT INFORMATION

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

Relationship to Volunteer: \_\_\_\_\_ Phone: \_\_\_\_\_

### VOLUNTEER AGREEMENT

As a volunteer, I release and hold harmless ALDHA and their successors from any and all claims, costs, suits, actions, judgments or expenses upon any damage, loss or injury to me or to my property which may arise from this volunteer event.

I acknowledge that I am fully aware of any and all risks posed by these volunteer activities and that I have no medical condition that prevents me from engaging in them.

I also give permission to be photographed by project partners or the media for use in printed materials, through the internet or through other media outlets.

In signing below, I acknowledge that I have read and understand this volunteer agreement.

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

NOTE: *If the volunteer is under the age of 18, a parent or legal guardian must sign.*

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