

# Adult Volunteer Release and Authorization

VOLUNTEER'S NAME: \_\_\_\_\_

## Authorization:

I declare that I **have** valid medical approval and am mentally able to participate in the activities of Shepherd Community, Inc. My health information provided herein is correct **so far as** I know, **and** I can engage in **all** prescribed program activities except as noted. I further understand that neither Shepherd Community, Inc. nor any of its paid **staff** or volunteer **workers** can be held responsible in the event of an accident or injury to myself. I hereby release Shepherd Community and its staff and volunteers from any liability for injury, illness or other harm I may incur while participating in such activities. I certify that I am free from habits or attitudes, which would make me an undesirable participant.

## Transportation Agreement:

By my signature below, I hereby release Shepherd Community, Inc. staff and volunteers from liability for injury, illness or other harm which **may** arise **as a result of** my traveling by bus or van with employees of Shepherd Community, Inc. This would be for transportation to and from any Shepherd Community, Inc. sites. I understand that only licensed and qualified personnel will operate any vehicle to and from the site, and that there will be at **least** one **staff** member present at all times.

## Emergency Authorization:

I authorize **any** representative of Shepherd Community, Inc. to **seek** medical **attention for** me when immediate medical care is warranted by the circumstances. I further authorize the health **care** professional selected by Shepherd Community, Inc. to provide me with the necessary care and treatment. I hereby release Shepherd Community, Inc., **its staff** and volunteers from any liability for injury, illness or other harm I **may** incur as a result or in connection with such treatment.

## Photograph/Video Authorization:

Shepherd Community, **Inc.** and partnering organizations/companies with Shepherd Community have **my** permission to **use** photographs/videos **of me: (a)** in the promotional and informational **material** of Shepherd Community (including Shepherd's Facebook page); and **(b)** in the promotional and informational material of partnering organizations/companies with Shepherd.

## Emergency Contact Information:

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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