

Waiver & Release of Personal Information Authorization



All volunteers / clients must complete the waiver and release form prior to starting a project.

Volunteer / Client Name (Please Print) _____ **Date** _____

I consent to the release of any and all records in the possession of Community Assistance Center that are related to any program or volunteer opportunity with CAC. (I.e. Adopt a Family, Christmas Basket dist. Volunteers etc.).

Additionally, CAC is authorized to release and make full disclosure of such records to, and to discuss any information relating to those records with any and all appropriate individual(s) or institutions(s).

This authorization is effective immediately and will remain in effect until revoked by me in writing. I hereby release and hold harmless CAC and its agents from any and all claims and actions based upon, arising out of, or relating in any way to any disclosure of records or information pursuant to this Authorization to Release Personal Information. A copy of this document shall serve as the original.

Release for Minor: If the above-named examinee is under the age of 18, the parent or legal guardian of the participant / recipient must also sign below indicating consent and agreement to this Authorization to Release Personal Information.

Parent or Legal Guardian Signature: _____ Date: _____

Media release (Only if applicable)

I, the undersigned, hereby authorize _____ to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions). Additionally, I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by Community Assistance Center. I understand that I may be identifiable from such photographic or electronic reproduction.

I am signing this form as an individual Yes No

I am signing this form as a representative of a group, and have full authority to grant release for this group Yes No Name of group _____

PARENTAL CONSENT I certify that I am the parent or guardian of the individual above, _____, a minor under the age of eighteen years. I hereby agree to assume legal responsibility for his/her authorizations referred to in this General Media Release.

Signature of Applicant's Parent/Guardian _____ Date: _____

Address _____

Phone: _____

Emergency Contact information

Name _____

Relationship _____

Phone: _____

Release of Liability

In return for being allowed to participate in Community Assistance Center's (CAC) volunteer activities and all related activities, including any activities incidental to such participation, the undersigned volunteer or parent / legal guardian of volunteer if volunteer is under the age of 18 release and agrees to not sue CAC or its officers, Director's, employees, sub-contractors, sponsors, agents or affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the volunteer activity wherever, whenever or however the same may occur.

- A) I understand and agree that CAC is not responsible for any injury or property damage arising out of the Volunteer activities, even if caused by their ordinary negligence or otherwise.
- B) I understand that participation in the Volunteer Activities involves certain risks, including but not limited to, serious injury and death. I am voluntarily participating in the volunteer activities with the k knowledge of the danger involved and I agree to accept all risks of participation
- C) I also agree to indemnify and hold harmless CAC for all claims arising out of my participation in the volunteer activities.
- D) I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the volunteer activities take place and agree that if any portion of this agreement is invalid, the remainder will continue in full legal force.
- E) I also acknowledge that CAC has not arranged and does not carry any insurance of any kind for my benefit or that of a volunteer, my parents, guardians, trustees, heirs, executors, administrators, successors, and assigns. I represent that, to my knowledge, I am in good health.
- F) I also understand that this document is a contract which grants certain rights to and eliminates the liability of CAC.

Signature of Volunteer _____ Date: _____

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form I am giving up my legal rights and remedies.

Signature of Parent/Guardian _____ Date: _____

(If volunteer is under the age of 18)

I am the parent / guardian of the volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form I am giving up my legal rights and remedies.