

**Volunteer Waiver, Release and Indemnity Form**

Please complete form in its entirety, sign, and mail to:

Three Rivers Health Department  
Volunteer Form  
33 West 4<sup>th</sup> Street  
Fremont, NE 68025



**Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Age: \_\_\_\_\_

**Emergency Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

**Waiver**

I do hereby represent that:

1. I am 18 years of age or older.
2. I recognize and appreciate any dangers and risks inherent in volunteering for Three Rivers District Health Department.
3. I am submitting this release and waiver of liability declaration voluntarily and of my own free will.
4. I have no physical or emotional problems, nor any history thereof, which will impair my ability to volunteer for Three Rivers District Health Department.
5. I hold harmless and agree to indemnify Three Rivers District Health Department, its board members, directors, employees, agents, officers, partner agencies and volunteers from all claims, liability, and damages I may sustain from any bodily injury, personal injury or property damage which may occur from any cause, including negligence, before, during or after any Three Rivers District Health Department event in which I participate as a volunteer.
6. I irrevocably grant Three Rivers Health Department and its agencies, the exclusive right to use my name, likeness, photos or reproduction for any purpose including promotion, advertising or other purposes.
7. I acknowledge that I have read and understand this entire Waiver of Liability and Release, and I agree to be legally bound by it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Signature of parent or legal guardian (if volunteer is under age 18):

\_\_\_\_\_  
Parent or guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of parent or guardian