



Join Hands Day Event
May 5, 2007
Adult
Dan River Center for Voluntarism
Health Information Form

PARTICIPANT'S NAME _____ TEAM (optional) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ BIRTHDATE _____

EMERGENCY CONTACT #1: _____ NUMBER _____ RELATIONSHIP _____

EMERGENCY CONTACT #2: _____ NUMBER _____ RELATIONSHIP _____

PHYSICIAN'S NAME _____ PHONE _____

MEDICAL CONDITIONS OR ALLERGIES (ASTHMA, DIABETES, SEIZURES, BEE STINGS, PLANTS, FOOD, ETC.) _____

MEDICATIONS TO BE ADMINISTERED DURING THE DAY (INCLUDE DOSAGE INSTRUCTIONS) _____

RELEASE AND WAIVER OF LIABILITY

By signing below you are giving consent to your participation in the program and activities of Dan River Center for Voluntarism according to the following terms and conditions.

I fully approve and consent of to participation with the Dan River Center for Voluntarism and all related activities. I understand that Dan River Center for Voluntarism will supervise my participation in these activities, and I fully authorize Dan River Center for Voluntarism, and its personnel, representatives, and volunteers to furnish me with any necessary transportation for the Join Hands Day Event. I agree that I cannot hold Dan River Center for Voluntarism responsible for any actions by me or any damages or harm those actions cause to me or others, and I agree to hold harmless and indemnify Dan River Center for Voluntarism and any of its sponsors, board members, employees, agents, and volunteers for any liability sustained by any of them as the result of negligent, willful, or intentional acts by me. I also release Dan River Center for Voluntarism and any of its sponsors, board members, employees, agents, and volunteers from any liability (including but not limited to liability arising from claims for negligence or other wrongful conduct) for personal injury, sickness, death, property damage, and expenses, other than the aforementioned food, lodging, and transportation expenses, which may be directly or indirectly incurred by me as a result of or in connection with my participation in Dan River Center for Voluntarism and related activities.

I hereby give the Dan River Center for Voluntarism and its representatives permission to transport me to a doctor or hospital and secure proper medical care and assistance for me, including, but not limited to, hospitalization, treatment, medication, or x-rays. I further authorize any treating physician to use his or her discretion in providing emergency treatment. I agree to assume the responsibility for all medical bills for any treatment provided to me and for any related expenses.

I grant permission for me to appear in person or in voice, video, or photographic presentation for radio, television, print, or Internet as it relates to these activities.

I have read the entire document. I understand it is a release of all claims. I understand that I assume all risks of injury involved in these activities and voluntarily sign my name.

PARTICIPANT NAME _____

PARTICIPANT SIGNATURE _____ DATE _____