



## **Youth Volunteer Medical/Liability Release**

This is my authorization for The Heard Natural Science Museum to obtain necessary medical and/or surgical treatment in the case of illness, accident, and/or emergency situation that may arise, and I and unable to be reached at the time of such emergency.

I further state that I will not hold The Heard Natural Science Museum liable for such medical and/or surgical treatment in such cases of illness, accident or any emergency situation.

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_



## Volunteer Release and Indemnity Agreement

The undersigned releases and agrees to indemnify The Heard Natural Science Museum & Wildlife Sanctuary, Inc., its officers, directors, employees, agents and representatives, of and from any and all rights, claims, demands and causes of action whatsoever kind and nature.

The undersigned has read the above and agrees that in no event will The Heard Natural Science Museum & Wildlife Sanctuary, Inc. be held liable for any injuries, accidents, or losses suffered by myself while participating in volunteer service and they are hereby released there from.

This agreement may not be modified orally or in writing by any individual.

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Volunteer Signature

Date

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Please Print Name

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Parent/Guardian Signature if Volunteer is Under 18    Date

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Parent/Guardian Please Print Name

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Address

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City

State

Zip

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Telephone Number

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E-mail