## PRESCOTT EVANGELICAL FREE CHURCH 3000 Prescott Road, Modesto CA 95350 (209) 529-7200 A.S.P. Adult Volunteer Release and Waiver of Liability Form In effect from August 1, 2021 to July 31, 2022

Name:			Birthdate		Male	Female	
Last	FIRST	MIDDLE					
Address			City	State	Z	ip	
Phone: Home	Cell	I	Email		_ Year in	School	
Medical insurance com	ipany			Phone			
Address				_City			
Policy #		Group	#				
Emergency Contact		Relation to Youth					
Phone: Home	W	/ork		Cell		·····	
Physician			Office Ph	one			
Dentist		Office Phone					
MEDICAL HISTORY							
Check the following a	areas of concern.	lf necessary, a	dd another pa	ge with details:			
1. For your safety and good swimn	-	e you a <i>v</i> immer	non-swim	mer			
2. Do you have allergi pollens		ations	food	insect bites			
<ol> <li>Do you suffer from, asthma upset stomach physic</li> </ol>	epilepsy	experienced, or / seizure diso			any of the liabetes	-	
4. Date of last tetanus	shot:						

5. Does you wear glasses contact lenses

6. Additional Comments:

For your information, we expect each participant at Prescott events to conform to these rules of conduct

No possession or use of alcohol, drugs, or tobacco

No students can drive

No weapons, fireworks, lighters, lasers or explosives

No offensive or immodest clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

No fighting with or harassment of other participants

Participation with the group is expected

Respect property, one another, staff, and adult leaders

Respect and comply with event schedules

I have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

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

Waiver & Release: I, the Volunteer, release and forever discharge and hold harmless Prescott Evangelical Free Church and its officers, employees and agents from any and all liability, claims and demands which arise or may hereafter arise from the services I provide to Prescott Evangelical Free Church. I understand and acknowledge that this Release discharges Prescott Evangelical Free Church from any liability or claim that I may have against Prescott Evangelical Free Church with respect to bodily injury, personal injury, illness, death or property damage which may result from or occur during the services I provide as Volunteer to Prescott Evangelical Free Church.

Assumption of Risk: I understand that the services I provide to Prescott Evangelical Free Church may include activities potentially hazardous to me. As a volunteer, I am expressly assuming all potential liability and assume all related risk of injury or harm from these activities. In assuming the risk involved, I am releasing Prescott Evangelical Free Church from any and all liability for injury, illness, property damage or death resulting from or occurring during the services I provide as Volunteer to Prescott Evangelical Free Church.

Medical Treatment: I hereby release and forever discharge Prescott Evangelical Free Church from any claim whatsoever which arises or may hereafter arise due to any first-aid treatment or other medical services rendered in connection with my tenure as a volunteer with Prescott Evangelical Free Church.

Signature:	Date:	
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Print First and Last Name: