

# PAR (Prepare And Respond) Adult & Minor Volunteer Consent for Medical Treatment for Disaster Relief Efforts

The information on this Adult & Minor Volunteer Health History & Authorization & Consent must be provided in order for any person to participate in any PAR (Prepare and Respond) Relief Efforts and/or Training.

## VOLUNTEER & EMERGENCY CONTACT INFORMATION

Volunteer Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

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

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Male

Female

## IF VOLUNTEER IS MINOR

Custodial Parent/Guardian \_\_\_\_\_

Parent/Guardian Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Organization Volunteer is Working With: \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Do you have any current health problems or medical conditions? Yes  No

If yes, please describe all health problems and/or medical conditions:

\_\_\_\_\_

Do you have any allergies? Yes  No  If yes, do you carry an EpiPen? Yes  No

If yes, please list all allergies: \_\_\_\_\_

\_\_\_\_\_

**Note:** It is your responsibility to inform your Team Leader of any & all health conditions/medical problems that would inhibit your ability to perform the duties assigned to PAR.

Have you had a Tetanus/Diphtheria shot in the last 5 years? Yes  No  Year Received \_\_\_\_\_

# VOLUNTEER OR PARENT/GUARDIAN AUTHORIZATION & CONSENT FOR MEDICAL TREATMENT

The health history & consent I have provided is correct & complete. I have given my permission to engage in all PAR (Prepare And Respond) activities (disaster relief/training).

I do hereby authorize PAR to provide routine first aid, & seek emergency medical treatment including, without limitation to, giving consent to any X-Ray, anesthetic, medical, dental, or surgical diagnosis or treatment & hospital care for the above named Volunteer which is deemed advisable by & to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

I do hereby give permission to PAR to arrange necessary related transportation for Volunteer in the event of an emergency.

I do hereby agree to the release of any records necessary for insurance/medical purposes.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

## If Volunteer is Minor

Parent/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

## **PAR (Prepare And Respond) Volunteer Adult & Minor Waive of Liability**

I understand & Agree on behalf of myself & my minor child, if applicable (adult & minor volunteers are referred to as "Volunteer"), that all volunteer activities with PAR (Prepare And Respond) & its affiliated ministries (collectively, "PAR") exposes Volunteers to dangers both from known & unanticipated risks. The PAR Volunteer Program includes, but is not limited to, on campus activities, domestic travel, disaster relief trips & activities, construction, demolition, entertainment & live performances & other PAR activities.

Acknowledging that such risks exist, I on behalf of myself (and/or my minor child) & any other party who may have the right to assert any rights for or on my behalf, do hereby forever release, waive, & discharge, indemnify, & hold harmless PAR, its affiliates, officers, directors, employees, agents, sponsors, shareholders, members, principals, & Volunteers, insurers, successors in interest, attorneys, or any person or persons associated with any or all of them who might be liable (the "Released Parties") from & against any & all claims, cause of action, actions, suits, demand, losses, damages, expenses, cost or liability (collectively, "Losses") arising from or in connection with my participation in PAR's disaster relief/training efforts and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), Volunteers personal articles, tools, equipment, machinery, vehicles, property damage or otherwise (collectively, the "Released Claims").

The Released Claims include Losses arising out of any condition of the premises at which PAR participates in, sponsors or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned. I further understand & acknowledge that I make this release in full accord & satisfaction of & in compromise of any & all Released Claims. I represent & acknowledge that I have read & understand this form & the release granted above & warrant that all statements made herein are true to the best of my knowledge.

I have read & understand this entire form & by signing below agree to the terms herein.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

### **If Volunteer is Minor**

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Date \_\_\_\_\_

# PAR (Prepare And Respond) Volunteer Adult & Minor Publicity Release

I, \_\_\_\_\_, give my permission for PAR (Prepare And Respond) to use my name, likeness, silhouette, likeness, image, voice, performance, interview, & any transcripts and/or portions of any of the foregoing (collectively referred to as, "Volunteer Likeness") in any medium in connection with any Volunteer Program or PAR Projects & as such may be embodied in any images, photos, video recordings, audiotapes, digital images, & the like, take or made on behalf of PAR activities. I agree that PAR has complete ownership of such pictures, etc., including the entire copyright, & may use them for the purpose consistent with the PAR mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproduction, publications, advertisements, & any promotional or education materials in any medium now known or later developed, including the internet.

I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc, & hereby release PAR & its agents & assigns from any & all claims which arise out of or are in any way connect with such use.

I have read & understand this consent & release.

**I give my consent to PAR** to use my name & likeness to promote the program, its fiscal agent, and/or their activities.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

## If Volunteer is Minor

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

Date \_\_\_\_\_