

PARTNERS FOR WORLD HEALTH

VOLUNTEER INFORMATION & WAIVER FORM

NAME _____

ADDRESS _____ CITY _____ ZIP _____

TELEPHONE _____ EMAIL _____

Y___ N___ WOULD YOU BE INTERESTED IN VOLUNTEERING AT ANOTHER TIME?

Y___ N___ WOULD YOU BE INTERESTED IN BEING ADDED TO OUR EMAIL LIST (NEWS LETTERS & EVENTS)

LIABILITY WAIVER AGREEMENT

I, the undersigned, am donating my services or otherwise assisting Partners for World Health, a charitable organization, in return for the opportunity to support a charitable cause which I support. I understand that my volunteer activities may involve physical activity. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will immediately cease all activity and seek medical attention.

I affirm that I am in good physical condition and will not undertake any activities beyond my abilities. I alone am responsible for deciding to donate my time and efforts to Partners for World Health. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Partners for World Health.

Print Name

Date

Signature of Volunteer