



Volunteer Release of Liability

Thank you for your interest in volunteering at Project C.U.R.E. Please complete this release prior to volunteering.

Personal Information (Please PRINT clearly)

Volunteer Name	
Phone Number	
E-Mail Address	
Date of Birth	
Emergency Contact Name	
Emergency Contact Number	

RELEASE OF LIABILITY

- By signing this, I acknowledge that I am volunteering with the Benevolent Healthcare Foundation also known as Project C.U.R.E. I understand that I will be asked to help collect, sort, inventory and distribute medical supplies and equipment to Developing Countries. I also understand that while I am a volunteer at Project C.U.R.E., I may encounter potentially dangerous items such as needles, scalpels, chemicals, medications and warehouse equipment.
- I agree that I have read and I understand the safety requirements and am following those standards including wearing closed toed shoes in all warehouse situations, and gloves and eye care when necessary. Unless I have permission, I will not use power equipment such as the fork lifts or delivery trucks and I also promise to maintain a safe and healthy work environment for other volunteers and staff at Project C.U.R.E.
- I agree that I am personally responsible if I am injured. It is also my responsibility to advise my health insurance provider for any injuries that might happen to me. If I am injured while I am a volunteer, I agree not to sue Project C.U.R.E. and I will hold Project C.U.R.E. harmless for any accidents and/or injuries. Furthermore I understand that any injury or accident sustained by me becomes the responsibility of myself.
- If I am under the age of 18, I agree that I need to have the permission of my parent or legal guardian to volunteer at Project C.U.R.E.
- I agree to let Project C.U.R.E. take video (including my voice) and/or photographs of me while I am a volunteer. Project C.U.R.E. can use those pictures and recordings for advertising, publicity, training, web-sites and social media, and I agree to not ask for payment or any other consideration. I agree that Project C.U.R.E. owns the rights, including copyright, to the photographs and videos and I agree not to sue Project C.U.R.E. for invasion of privacy, defamation or other issues, and agree that if I don't want my photo or video taken, I will let the Project C.U.R.E. team know so that I won't be included

Signature: _____

Date: ____ / ____ / ____

Parent/Guardian Signature (if volunteer is under 18): _____

Date of Expiration: 12/31/2021