

Camp Fire Georgia

Volunteer Information and Release Form

The Camp Fire Volunteer Information and Release Form **MUST** be signed with **NO** additions, deletions or changes, for the volunteer to perform services. We want to make sure you understand the risks involved with our volunteer opportunities.

PLEASE PRINT

Participant's Full Name: _____ D.O.B. ____/____/____ Age: _____

Address: _____
Street City State Zip

Home Phone (____) _____ Other Phone (____) _____

Email address: _____

Do you have any health problems or disability that may affect your ability to volunteer for Camp Fire?
If yes, please explain: _____

Please provide the following information in case of an emergency:

Person to notify: _____ Phone: (____) _____

Release Form: The Camp Fire Volunteer Program that you have signed up for involves physically demanding activities in an outdoor setting. It may include using hand and power tools, working with hazardous chemicals, building and demolition, and other forms of maintenance. You will be working with Camp Fire staff and other volunteers. It is possible that you may be injured while volunteering either because of your own conduct, conduct of others in the group or the nature of the work itself. We want to make sure that you understand the risks of injury before you decide to participate in the program. It is required that you read the following very carefully, make sure you understand it and sign it before electing to volunteer your services.

I CERTIFY THAT, IN ADVANCE OF PARTICIPATION IN THE ACTIVITY OR PROGRAM IDENTIFIED HEREIN, I HAVE RECEIVED ANY AND ALL INFORMATION WHICH I DEEM NECESSARY OR IMPORTANT IN MAKING AN INFORMED CHOICE REGARDING MY OWN OR MY CHILD/WARD'S PARTICIPATION IN SUCH ACTIVITY OR PROGRAM. IN CONSIDERATION FOR CAMP FIRE/CAMP TOCCOA, ALLOWING MYSELF, MY CHILD OR WARD TO PARTICIPATE IN SUCH ACTIVITY, I HEREBY VOLUNTARILY AGREE TO ASSUME ALL RISKS OF MY OWN, MY CHILD'S OR MY WARD'S PARTICIPATION IN SUCH PROGRAM OR ACTIVITY, AND AGREE TO HOLD HARMLESS CAMP FIRE/CAMP TOCCOA, ITS SUCCESSORS, AGENTS, EMPLOYEES, AND VOLUNTEERS FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, DAMAGES OR EXPENSES WHICH I, MY CHILD OR WARD HAVE OR MAY HAVE ARISING OUT OF OR RELATED TO MY PARTICIPATION, OR THAT OF MY CHILD OR WARD, IN SUCH PROGRAM OR ACTIVITY, INCLUDING DEATH, PERSONAL INJURY OR PROPERTY DAMAGE OR LOSS OF ANY KIND, WHETHER CAUSED BY THE ACT OR OMISSION OF CAMP FIRE/CAMP TOCCOA, MYSELF, MY CHILD OR WARD, OR OTHERS. FURTHER, I HEREBY GRANT FULL PERMISSION TO CAMP FIRE/CAMP TOCCOA THAT ANY PHOTOGRAPH OR ANY OTHER RECORD OF MYSELF, MY CHILD OR WARD AT THEIR EVENT OR PROGRAM MAY BE USED FOR LEGITIMATE PROMOTIONAL PURPOSES. I HEREBY GIVE PERMISSION FOR CAMP FIRE/CAMP TOCCOA., TO ADMINISTER BASIC FIRST AID OR TO SEEK APPROPRIATE MEDICAL ASSISTANCE FOR THE PARTICIPANT LISTED ABOVE.

PARTICIPANT SIGNATURE (all participants must sign) Date _____

PARENT/GUARDIAN SIGNATURE IF PARTICIPANT IS YOUNGER THAN 18 Date _____