



Volunteer Release Form 2022-2023

Circle One:
Student Volunteer
Adult Volunteer

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact #: _____ Email: _____

Date of Birth: ____ / ____ / ____ Grade ____ Age ____

Emergency Contact Name: _____ Relation _____

Emergency Contact Number: _____

Medical Insurance Carrier _____ Policy Number: _____

Allergy/Medical Information: _____

Permission for over-the-counter medications: Yes ____ No ____

Consent/Release Form

I give my consent when attending and participating in activities involved in any events from July 1st 2022 - June 30th 2023 that are sponsored by LOT318. I understand and agree that neither LOT318, nor its trustees, Board members, representatives, employees, or agents may be held liable in any way for an occurrence in connection with involvement in the small group activities, which may result in injury, harm, or other damages to me. In the event of a medical or dental emergency, I authorize a representative of LOT318, pursuant to the provisions of California family Code 6910, to consent to medical or dental care or both for me. I give my permission to the attending physician to hospitalize, secure proper treatment, and to order injections, anesthesia or surgery for me. I understand that all billings for services rendered will be sent to me and that I am responsible for the complete payment. I understand that insurance coverage is the responsibility of each family, and that LOT318 coverage begins where our personal health and accident policies terminate. Regarding transportation, I am aware that I may be transported to and from an event in a LOT318 vehicle or private vehicle. I also give my permission to be photographed and video recorded for future promotional material, including LOT318 website and social media postings, without expectation of compensation. In addition, I also understand that in the event of repeated misconduct, the LOT318 staff is authorized to ask for my removal. I understand that a photocopy, facsimile, or computer version of this document shall be treated as the original.

I have read and agree to the conditions of the Consent/Release Form above:

Volunteer or Student Volunteer's Legal Guardian Signature

Date