Volunteer Release Form
2026-2027

First Name:_____ **Last Name:**_____

Date of Birth:____/____/_____ **I am a: Student Volunteer**____ **Adult Volunteer**____

Home Address:_____ **City:**_____ **ZIP:**_____

Phone:_____ **Email:**_____

☐ **Stay updated with LOT318 monthly Email Newsletter?**

Emergency Contact: _____

Phone:_____ **Relationship:**_____

Allergy/Medical Information: _____

For parent/guardian of minor volunteer:
Do you permit LOT318 staff to administer over-the-counter medication? Yes _____ No _____

I give my consent to attend and participate in LOT318-sponsored activities from July 1, 2026 - June 30, 2027. I understand and agree that neither LOT318, nor its trustees, Board Members, representatives, employees, or agents may be held liable in any way for any injury, harm, or other damages to me in connection with LOT318 activities. 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 and/or dental care for me. I give my permission to the attending physician to hospitalize, secure proper treatment, and order injections, anesthesia, and/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 volunteer, and that LOT318 coverage begins where my personal health and accident policies terminate. I am aware that I may be transported to/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 understand that in the event of repeated misconduct, the LOT318 staff is authorized to request my removal from activities at my own expense. I understand that a photocopy, facsimile, or computerized version of this document shall be treated as the original.

I am the volunteer, or parent/legal guardian of the volunteer, and I have read and agree to these conditions.

Signature: _____

Printed Name: _____ **Date:** _____