

## DOOR Volunteer Waiver Form



DOOR works with nonprofit agencies, schools, and organizations to provide service opportunities. Many of our agencies require parental permission for those under the age of 18. Signing below gives permission for youth participants to work in all the agencies to which DOOR sends participants. Also, **DOOR requests permission to take and use pictures of all participants, regardless of age.** Signing below gives DOOR permission to use pictures and video of participants. **This completed form must be brought along to DOOR for each person in the group.**

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Group Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Group Leader: \_\_\_\_\_



### **For those under 18 not traveling with their legal guardian:**

I give \_\_\_\_\_ (participant) my permission to serve in the agencies to which DOOR sends participants. I understand and assume the risk and agree to not hold these agencies, their employees or volunteers liable for injury or illness.

In addition, if one of the agencies needs a signed form on file, I agree that \_\_\_\_\_ (adult group leader) can sign on my behalf.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date



### **FOR ALL PARTICIPANTS (Students and Adults): Permission for Video and Pictures:**

The volunteer and guardian do hereby grant and convey unto DOOR all right, title and interest in any and all photographic images and video or audio recordings made by or at the request of DOOR during the Volunteer's Activities with DOOR, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Guardian (for youth under 18)

\_\_\_\_\_  
Date



## DOOR Volunteer Medical Information & Release Form

While every attempt is made to make the DOOR program a safe and fun experience, there is always the chance that volunteers will need medical care. Accidents can and do happen while at the job site, during recreational activities, during free time and during the trip to and from DOOR. The DOOR program has no medical insurance for DOOR volunteers. Every participant (youth and adult) needs to complete this form. For all youth, this form needs to be completed and signed by the parent or guardian. **This completed form must be brought along to DOOR.**

### Medical Information

Name of Participant \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Record of Immunizations: Check if protected.

\_\_\_ Small pox

\_\_\_ Whooping Cough

\_\_\_ Typhoid Fever

\_\_\_ Diphtheria

\_\_\_ Poliomyelitis

\_\_\_\_\_ Date of last TETANUS shot

Has the participant seen a doctor within the past year? If so, explain.

Please list any medications participant will be taking on the trip.

Does participant have any allergies to drugs, food, etc.? If so, please list.

**Health Insurance Information-** Is the above named participant covered by health insurance?

Yes- please provide the following insurance information:

Insurance Company \_\_\_\_\_

Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

No- please complete the following:

I am aware that \_\_\_\_\_ (participant) is not covered by a health insurance plan. I will assume responsibility for any health related expenses during his or her participation with DOOR.

Signature \_\_\_\_\_ (participant, if over 18 OR parent/guardian for youth under 18)

### Medical Release

I, the undersigned, hereby state the above to be true and accurate to the best of my knowledge, and IN CASE OF EMERGENCY, give my permission to the physician or hospital selected by the DIRECTOR to secure proper treatment, to hospitalize and to order injections, anesthesia or surgery for the above named participant.

Signature \_\_\_\_\_  
(participant, if over 18 OR parent/guardian for youth under 18)

Date \_\_\_\_\_