

THE HIGH DESERT MUSEUM MEDICAL RELEASE FORM

This form must be completed for every teen volunteering at the High Desert Museum. Please use additional sheets if necessary.
PLEASE PRINT.

VOLUNTEER NAME: _____ DOB: _____ GENDER: M F

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

HOME PHONE: _____ PARENT WORK/CELL: _____

Please list any health problems, mental or physical conditions that might require special planning or consideration for the volunteer participating in activities at the High Desert Museum. Examples: allergies, asthma, autism, chronic disease, crippling conditions, sight or hearing problems, seizures, special diet, or any condition requiring medication.

CONDITIONS:

MEDICATIONS:

FAMILY DOCTOR: _____ PHONE: _____

ADDRESS: _____

IN EMERGENCY, IF UNABLE TO LOCATE PARENT/GUARDIAN, CONTACT:

NAME: _____ RELATIONSHIP TO VOLUNTEER: _____

ADDRESS: _____

HOME PHONE: _____ WORK/CELL PHONE: _____

In consideration for the right to volunteer at the High Desert Museum, the UNDERSIGNED hereby assumes all responsibility for medical treatment and insurance to cover any injury or illness occurring while volunteering at the High Desert Museum, and holds the HDM harmless from any and all liability, actions, causes of actions, debts, claims and demands of every kind and nature whatsoever, which arise from or in connection with volunteer activities.

The UNDERSIGNED, understands that the TEEN VOLUNTEER is covered by the HDM's commercial general liability insurance while acting on behalf of THDM, but not by worker's compensation insurance, health, accident, life insurance or social security through THDM for any accident, illness or injury to the TEEN VOLUNTEER. We further understand that if a staff supervisor requests the TEEN VOLUNTEER to perform a task that exceeds physical capabilities, the TEEN VOLUNTEER is responsible for declining the assignment.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date