



# Volunteer Release of Liability

Thank you for your interest in volunteering at Project C.U.R.E. Please complete this release prior to volunteering.

## PERSONAL INFORMATION (Please PRINT clearly)

Name	
Street Address	
City, State, ZIP	
Phone	
E-Mail Address	
Date of Birth	
Organization/Group/ School	

## RELEASE OF LIABILITY

I understand that Project C.U.R.E. relies on volunteers to collect, sort, inventory, and distribute medical supplies and equipment. I understand that while I am a volunteer at Project C.U.R.E., I will encounter potentially dangerous items such as needles, scalpels, chemicals, medications, and warehouse equipment. If I get hurt as a volunteer, I promise I will not hold Project C.U.R.E. or the Benevolent Healthcare Foundation liable, nor will I attempt to sue either Project C.U.R.E. or the Benevolent Healthcare Foundation for any accidents or injuries that might occur while I am a volunteer at Project C.U.R.E. If I am under 18, I have consent from my parent/guardian.

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature (if volunteer is under 18)

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