

**WORLD CARE  
VOLUNTEER INFORMATION AND RELEASE OF LIABILITY**

Name: (print) \_\_\_\_\_

DISCLOSURE: The Volunteer Program of World Care in Tucson, Arizona, involves activities that include, but are not limited to sorting items, stocking supplies, loading supplies, greeting customers and answering telephones, recording inventories and assisting other volunteers and staff. These tasks are carried out in both office and warehouse settings. There is risk to be assumed by each volunteer that he/she may suffer an emotional and/or physical disability. Additionally, if the individual has a history of heart disease, diabetes, high blood pressure, high cholesterol, seizures, fainting, dizziness, asthma, or any limiting, temporary or permanent injuries or disabilities, there may be even more risk of injury to health.

The World Care policy requires that pertinent medical information be made known prior to beginning any volunteer activities, and that this information and release of liability form be signed. Any and all information given by the individual volunteer applicant will be held in strict confidence.

**RELEASE OF LIABILITY:**

I understand that some activities may be physically and emotionally demanding. I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that affects my ability to participate in this volunteer program. I understand that each volunteer must assume the risk of physical or emotional injury which could arise from the activities, such as, but not limited to, lacerations, strains, fractures, concussions, loss of limb and even death. I release World Care and all of their employees and agents (collectively) from any and all liability for any injury to me from my participation in these activities as a volunteer. This release is valid unless revoked in writing by me/us. If any portion of this agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.

\_\_\_\_\_  
Signature of participant, if over 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or legal guardian, if under 18

\_\_\_\_\_  
Date

