



Registration and Waiver Form

(PLEASE PRINT)



Name (First/Last): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

DOB: _____ Sex: Male / Female

WAIVER AND RELEASE OF LIABILITY for Accidents/Injury: I agree that my activities as a volunteer for Healthy Fresno (Tzu Chi Mobile Clinic's Program) are undertaken at my sole risk, and Tzu Chi Medical Foundation, Fresno Unified School District, Los Médicos Voladores (Flying Doctors), Univision Channel, Sunnyside High School, and any participating sponsors or partners shall not be liable for any claims for injuries or damages whatsoever to my person or property arising out of or connected with my actions as a volunteer. I agree to indemnify and to hold HandsOn Central California harmless for all claims and/or liability for me or to me. I further understand that by signing this waiver I give permission to use my image in public relations materials. I also agree that this waiver and release shall apply to my heir(s), executor(s), and administrator(s). I have carefully read this Waiver/Release, I understand its contents, and I intend to be bound to its terms.

Minor Participant Policies

In the event of an accident or illness which requires emergency care, I hereby give permission to the attending health care provider to administer such medical care as may be necessary for my health and safety.

IN CONSIDERATION of allowing a MINOR participant to observe, work for or participate in any way in the attached event and/or activities; EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin agrees:

1. The MINOR AND PARENT OR GUARDIAN HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of Releases (as identified below) or otherwise, while observing, working, traveling, transporting to and from or participating in the Event. The undersigned recognize and understand that there are risks and dangers associated with participation in the Event that could cause bodily injuries, disability and death. All of the risks and dangers associated with participating in the Event are assumed notwithstanding.
2. The MINOR AND PARENT OR GUARDIAN hereby agrees to indemnify and save and hold harmless, the Participants, associations, sanctioning organizations or any affiliates thereof from any loss, liability, damage or cost that may occur due to any manner or degree while participating in the Event. The parent and/or guardian further recognize and agree they are executing this Waiver and Release of Liability and Indemnity Agreement on behalf of themselves and on behalf of the MINOR.
3. The PARENT OR GUARDIAN has read and voluntarily signs the waiver and release of liability and indemnity agreement and does so voluntarily and with the understanding that substantial rights are being given up. I/We further acknowledge that failure to witness or notarize this agreement shall not affect its validity.

Medical History & Emergency Medical Release

Each volunteer is assumed to be capable of caring for his or her own personal needs. Please indicate to Healthy Fresno if any special arrangements are needed to accommodate individual needs. Please include any existing medical conditions, allergies, medications, or other restrictions. In the event of an accident or illness which requires emergency care, I hereby give permission to the attending health care provider to administer such medical care as may be necessary for my health and safety.

Please list an Emergency Contact:

_____ Name

_____ Phone

Photo Release

I hereby grant Tzu Chi aka Healthy Fresno permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of Tzu Chi aka Healthy Fresno and will not be returned. I hereby irrevocably authorize Tzu Chi aka Healthy Fresno to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing Tzu Chi's or Healthy Fresno's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

By Agreeing to the above form you are stating that you have read and understand the WAIVER/LIABILITY RELEASE policies of Healthy Fresno (Tzu Chi Mobile Clinic Program) and their partners.

Signature

Date

(If under 18 years of age this must be signed by a parent or Legal guardian)