

MEDICAL & LIABILITY RELEASE FORM

Please fill out entirely-If under 18 years of age a parent or guardian must fill out and sign the form

Contact Information:

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Phone #: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Phone#: _____ Work/Cell#: _____

Group Affiliation: _____

Liability Release Statement:

I also understand that I and/or my wards are volunteers in a non-profit organization which involves unforeseeable risks and hazards. I agree to hold the organizations involved harmless for any and all claims, suits or actions of whatever sort from me or my ward's voluntary participation with the Stark County Hunger Task Force, Inc. This includes, but is not limited to, the board of directors, officers, employees, and volunteers of the Stark County Hunger Task Force, Inc., and Goodwill Industries of Greater Cleveland and East Central Ohio, Inc.

Signature: _____ Date: _____

(if under 18)

Print name of minor: _____

Print name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

Medical History:

Please voluntarily list any medical conditions/information that you wish a medical professional to know in case of a medical emergency and you are unable to communicate.

Medical Release Statement:

In the event that medical intervention is needed for me or my ward, I understand that an attempt will be made to contact the persons listed on this form. In such an event that I or my contact cannot be reached in an emergency, I give permission to the physician or dentist selected by the organization's employees to provide any needed medical care, including hospitalization.

In addition, I understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed.

Signature: _____ Date: _____

(if under 18)

Print name of minor: _____

Print name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____



A Non-Profit Organization

P.O. Box 20941 • Canton, Ohio 44701

Phone (330) 455-6667

Media Release:

I give permission to the Stark County Hunger Task Force Inc. to use without obligation, copyright for advertising, publicity, and promotional purposes the photographs, stories, and illustrations and/or accounts and descriptions in which I appear. I also understand that I will not receive any reimbursement.

Yes No

I consent to have my true name used in connection with these resources.

Yes No

Print name: _____

Signature: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

(if under 18)

Print name of minor: _____

Print name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____