

Clear Lake City Community Association

VOLUNTEER INFORMATION SHEET

Name: _____ DOB: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

In Emergency Notify: _____

Relationship: _____ Phone: _____

*****IF VOLUNTEER IS OVER 18 YEARS OF AGE A BACKGROUND CONSENT FORM
MUST BE COMPLETED AS WELL*****

Release and Authorization

I hereby agree that CLCCA, its agents, employees or representatives shall not be responsible, liable to me or any other part for damage or injury to me, my family or visitors arising out of or in connection with my volunteering.

I understand that volunteering is not free of risk and that it is possible that I may suffer injuries or damages as a result of undertaking such activities. I assume and accept those risks for myself with knowledge of the dangers.

I understand that CLCCA, its representatives, employees and agents shall not be liable for any damage to my person or property resulting from the condition of the premises owned and operated by CLCCA.

By my signature below, I hereby authorize CLCCA to obtain emergency medical care for _____ in the event of accident or illness occurring during participation as a volunteer. In consideration of acceptance of my volunteer time, I for myself, my children, heirs, executors assigns and administers, hereby waive and release any and all rights and claims against CLCCA for any and all injuries or damages sustained by _____ during my working as a volunteer. I represent, by my signature below, that I understand and agree to the terms of this Release and Authorization and that the information in this Information Sheet is true, correct and complete to the best of my knowledge.

Volunteer/

Guardian Signature: _____ Date: _____