



Volunteer Waiver and Release Form

Volunteer Name: _____

Check here if Volunteer is under age 18

Contact E-mail (required): _____

Parent or Legal Guardian Email (required if Volunteer is under age 18): _____

Address: _____

Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to Participant: _____

Phone Number: _____

Check here to receive the Meridian Health Services Newsletter.

VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM

PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER AGE 18

Meridian Health Services, Corp.
240 N. Tillotson Avenue
Muncie, IN 47304
www.meridianhs.org



Volunteer Release of Liability

In return for being allowed to participate in Meridian Health Services, Corp. volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue Meridian Health Services, Corp., or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("Meridian Health Services") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that Meridian Health Services is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless Meridian Health Services for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state of Indiana and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that Meridian Health Services has not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in such Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of Meridian Health Services.

(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.



Volunteer Publicity Release

In return for being allowed to participate in Meridian Health Services volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") hereby authorize Meridian Health Services, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties") as Meridian may engage for the purpose of taking such photographs, video footage and/or any other image, audio recordings or verbal comments or statements of/from me as he/she may desire. I also give my full consent and permit the use of such photographs, video footage and/or any recordings to be published and republished in newspapers, magazines, website, social media, videos, professional journals and medical books or to be used for any other purpose which Meridian or any of its divisions may deem fit in the interest of promoting events or marketing of Meridian Health Services and/or its programs, services and/or facilities.

I further authorize the modification or retouching of such photographs and the publication of information relating to my case, either separately or in connection with the publication of information, recordings or photographs or the showing of captured video footage/other recordings taken of me.

I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.