



## 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

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM**

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

Real Imprints, Inc.

PO Box 1742

Eagle, ID 83616

[Lindsey@realimprints.org](mailto:Lindsey@realimprints.org)

# Risk Statement

## RISK STATEMENT

Traveling abroad brings with it many wonderful and life-enhancing and changing experiences. However, traveling abroad also brings with it certain inherent risks including but not limited to hazards to both person and property by accident, natural disaster, inclement weather, political unrest, riots, theft, criminal activity, infectious diseases, animal encounters and at times poor access to medical services and facilities. Traveling abroad can also add physical and emotional stress.

For more information regarding steps to ensure safety please see the "Safety and Security" section for Guatemala. <https://travel.state.gov/content/travel/en/international-travel/International-Travel-Country-Information-Pages/Guatemala.html>

## Waiver and Release Form

### RELEASE OF LIABILITY

In return for being allowed to participate in Real Imprints, Inc. volunteer activities and all related activities, including any activities incidental to such participation, the undersigned **Volunteer or Parent/Legal guardian** of volunteer if volunteer is under age of 18 (hereafter referred to using I, me, or my) releases and agrees not to sue the Real Imprints nonprofit organization or its officers, directors, or affiliates 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 the Real Imprints organization is not responsible for any injury or property damage arising out of the volunteer activities, even if caused by their ordinary negligence or advice.

I understand that participation in the volunteer activities involve 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 the organization 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 law.

I also acknowledge that the organization has not arranged and does not carry any insurance of any kind for my benefit or that of volunteer (if Volunteer is under age 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 volunteer activities.

I also understand this document is a contract which grants certain rights to and eliminates the liability of the Real Imprints organization.

---

**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 volunteers under 18**

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.

**PUBLICITY RELEASE**

In return for being allowed to participate in Real Imprints organization volunteer activities and all related activities, including any activities incidental to such participation the undersigned volunteer or parent/legal guardian of volunteer if volunteer is under age 18 hereby grants to the organization the absolute and irrevocable right and permission to use, publish and or copyright the use of volunteers photograph, audio or visual in its current form or as retouched, digitized, cropped, altered, or modified in anyway, in any and all advertising, promotional, or other materials based upon or derived from the volunteer activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting our publicizing products and services throughout the world.

I further agree that anything derived therefrom 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 law and agreed 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 volunteers under 18**

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.

# Parental Permission and Medical Release Form

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Chaperone/Supervising Adult Leader during travel to and from Guatemala:

\_\_\_\_\_ Date: \_\_\_\_\_

Supervising Adult Leaders while in Guatemala:

\_\_\_\_\_ Date: \_\_\_\_\_

## **Medical Information**

Please list and explain any medical conditions, allergies, medications or dietary restrictions. Please add additional sheet if necessary.

Allergies  Yes  No, Medications  Yes  No

---

---

---

---

---

I, \_\_\_\_\_ (Parent/Guardian), give permission for my child/youth to participate in the volunteer activities set forth by Real Imprints during the dates of \_\_\_\_\_ to \_\_\_\_\_. I authorize the adult supervising leaders to administer emergency medical treatment to the above-named participant for any accident or illness and to act in my stead in approving medical care and to choose the most appropriate medical facility and treating providers when necessary. This authorization will cover this trip and travel to and from this trip for the above dates.

Modified and adapted from the following:

<https://www.councilofnonprofits.org/sites/default/files/documents/SAMPLE%20Youth%20Volunteer%20Waiver%20and%20Publicity%20Release.doc.pdf> on 4/10/2019 and <https://www.lds.org/bc/content/shared/content/english/pdf/callings/young-men/parental-permission-medical-release.pdf>