

MEDICAL BRIDGES, INC. ®
Volunteer Liability Release Form

This is an important legal document and should be read carefully before signing

- I wish to volunteer to assist Medical Bridges, Inc. (Medical Bridges) in collecting, sorting, packaging, storing and delivering surplus medical supplies and equipment as well as any other activity in which I may choose to participate.
- I understand that I may be:
 - lifting**, moving or handling packages and boxes of various sizes and weights;
 - handling**, sorting or packaging surplus medical supplies and equipment;
 - working** with / near other people who are working with, and in the vicinity of boxes, bags, and other containers of various sizes and weights;
 - performing** light construction work in the maintenance of the warehouse used by Medical Bridges, moving construction materials and boxes of supplies, or moving furniture or other items;
 - using**, be near others who are using, or be near ladders, scaffolds, shelves and other implements that are above floor level; or
 - participating** in other activities, such as maintenance of the land around the warehouse.
- I understand that I am volunteering to assist Medical Bridges and that I am not required to perform any task which I may be asked to do, regardless of the reason that I choose to decline to perform, and that, should I start a task, I am free to stop performing that task for any reason that I may choose.
- I understand that there will not be professional supervision of these activities and that there may be volunteers from more than one group at work in the same area at the same time.
- I understand that during this activity there is always the risk of injury or death to others or to me by the actions of myself and of others. I am not aware of having a medical or physical condition that would endanger others or me while I participate in this activity and, if I become aware of a condition or situation that is unsafe because of my medical or physical condition, I will not participate in such activity and will advise the volunteer supervisor of that fact. If I become aware of a condition or situation in the work area, with the material being handled or otherwise, that is unsafe or dangerous, I will immediately notify the volunteer supervisor.
- By my signature, I, for myself, my estate, and my heirs, release, discharge, indemnify and forever hold Medical Bridges, Inc., together with its directors, officers, employees and other volunteers, harmless from any and all claims, actions, causes of action, losses or damages resulting from injury to me or my death arising from or in connection with my volunteer participation in this activity *EVEN IF MY INJURY OR DEATH IS CAUSED BY THE NEGLIGENCE OR FAULT OF MEDICAL BRIDGES, INC., ITS DIRECTORS, OFFICERS, EMPLOYEES, OR OTHER VOLUNTEERS.*

Signed this _____ day of _____ 20_____

Name _____

Organization _____

Address _____

City/Zip _____ Telephone _____ Email _____

Signature of Volunteer or Guardian _____ Age of minor _____

Emergency Contact Information:

Name _____

Telephone _____

By providing your email address, you consent to receive emails from Medical Bridges, Inc. We may use email to communicate with you or send you information about Medical Bridges, Inc. We will never spam, trade, or sell your information. By signing this document I agree that the photographs in which I appear may be used by Medical Bridges Inc. in whatever way they desire, including television; furthermore, I hereby consent that such photographs shall be the property of Medical Bridges, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs as they may desire free and clear of any claim whatever on my part.