

Navajo County Drug Project

Volunteer Liability Release Form

I, _____ give my voluntary consent to participate in all Navajo County Drug Project 's events, activities and programs from January 1st, 2015 to December 31st, 2015.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary.

Furthermore, I release Navajo County Drug Project and their officers, employees, agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above name or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above name.

Signature of Volunteer

Date

Printed Name of Volunteer

() _____
Phone Number