



Public Health
Prevent. Promote. Protect.

Montgomery County
Public Health District

Volunteer Waiver Form

As a volunteer with the Montgomery County Public Health District, I acknowledge the potential risks of working with or around medical equipment, working with large groups of people and working in extreme weather conditions.

I feel, however, that the benefits of offering this service to the community outweigh the risks assumed. I hereby, intending to be legally bound for myself, my heirs, guardians and legal representatives, waive and release forever claims for damages against the Montgomery County Public Health District (MCPHD) or any of its affiliated organizations, officers, directors, or personnel, collectively or individually, against the supplier of any materials or equipment used, against the facility used for the clinic, or against of the volunteer workers, for any and all injuries and/or damages I may sustain as a result of my participation in clinic operations, including all injuries and/or damages sustained as a result of the conduct of third parties. I further consent to the unrestricted use by MCPHD and/or persons authorized by them of photographs, recordings, interviews or visual recordings of me.

I further affirm and warrant that I am providing personal services as a volunteer and I do not expect any compensation from MCPHD for my services. Nor do I consider myself to be an employee of MCPHD with respect to my volunteer services with the Public Health Department. I release MCPHD from all claims for compensation for services I provide in connection with my volunteer services.

Due to the nature of these volunteer duties, a background check may be conducted on volunteer applications. I understand that a felony conviction for D.W.I., drug-related, sexual or family violence offenses will disqualify me for participation as a volunteer, and that I may be disqualified for other reasons at the discretion of the Public Health Manager of the Montgomery County Public Health District.

Signed,

Volunteer Signature

Printed Name

____/____/_____
Date