

## **INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS**

I, \_\_\_\_\_, wish to be a volunteer with MHHS. I recognize that I will be exposed to the routine risks of dealing with animals, which could include property damage, personal injury, and/or bodily injury. For and in consideration of permission to be a volunteer, I agree to release, forever discharge, and hold harmless Hamblen County, the City of Morristown, its officials, employees, and agents from any liability or claim of liability which might arise out of my volunteer activities.

\_\_\_\_\_  
Signature of Volunteer (18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or Guardian (if volunteer is under 18)

\_\_\_\_\_  
Date

## **EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

As volunteer or the Parent/Guardian of a minor volunteer, I, \_\_\_\_\_,

Authorize qualified emergency medical personnel, including a physician and staff, to examine myself (volunteer), or the above-named minor child in the event of injury, and to administer any emergency care or treatment deemed necessary. In the case of a minor child, a reasonable effort will be made to contact the parent/guardian prior to any treatment. I agree to be responsible for all necessary charges incurred as a result of any care or treatment rendered pursuant to this authorization.

\_\_\_\_\_  
Signature of Volunteer (18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or Guardian (if volunteer is under 18)

\_\_\_\_\_  
Date

## **PARENT/GUARDIAN PERMISSION AND ASSUMPTION OF LIABILITY – REQUIRED IF VOLUNTEER IS UNDER 18 YEARS OLD**

As parent/guardian, I, \_\_\_\_\_, hereby grant permission for the above-named minor child to participate in volunteer activities. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury. On behalf of myself and the minor volunteer above, I agree to assume the liability and obligations referenced above and to release and forever discharge Hamblen County, the City of Morristown, its officers, officials, employees, and agents from any liability or claim of liability arising out of the minor volunteers activities.

\_\_\_\_\_  
Signature of Volunteer (18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or Guardian (if volunteer is under 18)

\_\_\_\_\_  
Date