

# VOLUNTEER REGISTRATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(mo/dd/yr)

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

DL State/No: \_\_\_\_/\_\_\_\_

E-Mail: \_\_\_\_\_

Height: _____
Weight: _____
Hair Color: _____
Race: _____

**NOTICE: Your service is appreciated. Please sign below to agree to the following:**

- I recognize that the Activity has inherent risks and may result in serious injury or death, and I assume all risks associated with the Activity.
- In the event of my injury or illness, I authorize and consent to medical treatment for myself. I either have health insurance to cover the cost of such treatment, or I will pay all costs of such treatment.
- I agree to not attempt any activity for which I am not physically or emotionally prepared.
- I will not leave the team or area to which I am assigned.
- I agree to release, indemnify, and hold harmless the Laura Recovery Center and its directors, officers, employees, agents, and volunteers (collectively, LRC) from and against all claims losses, liabilities, demands, and damages (including attorneys' fees and costs), whether caused by the conduct of LRC or others, related to my participation in the Activity.
- I assume full responsibility for damage to or loss of my personal property occurring during my participation in the Activity and release LRC from any claim for such loss or damage.
- I agree that any information acquired during my participation in this search will not be used for any personal profit or gain and all such information is considered confidential.
- I agree that my participation in the Activity in no way allows me to ignore or violate any local, state, or federal laws.

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Emergency Contact: \_\_\_\_\_

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

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE