



WAIVER FORM

Volunteer Name: _____

Code of Conduct:

The Bridge of Storm Lake expects volunteers to conduct themselves in a professional, ethical, and responsible manner that reflects well upon The Bridge of Storm Lake, promotes a spirit of cooperation and teamwork among volunteers and staff, and is respectful of clients, youth, and members of the public with whom we interact. Failure to do so may lead to corrective action, including dismissal.

No code of conduct statement can possibly cover every circumstance that may arise. Volunteers are urged to use common sense and ask a supervisor for clarification of any questions in this area.

Publicity/Image/Voice Permission:

Photos, videos, and/or audio recordings of The Bridge's event/activity may be used for education or promotion. To authorize the use of your image and/or voice recording please initial here.

Initial: _____ Date: _____

Program Assumption of Risk and Release of Liability:

In being accepted and allowed to participate in The Bridge of Storm Lake activities associated with its programs and locations, I assume responsibility for my actions. I release The Bridge of Storm Lake, its Board of Directors, employees, agents, and staff from liability, loss, injury, or damage to my property or myself. Nothing contained herein shall excuse The Bridge of Storm Lake staff, or its employees from responsibility to act with reasonable care for my safety or the safety of my property. I hereby release The Bridge of Storm Lake, its Board of Directors, staff, employees, agents, and sponsors of this activity from responsibility and liability for any injury or illness that I may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity (affiliated with The Bridge of Storm Lake), as my agent, to consent on my behalf to medical treatment. In this regard, I consent to allow said adult to authorize medical, dental or surgical diagnosis, X-ray examination, and treatment including surgery and hospital care for me if needed and if advised and supervised by a licensed physician, surgeon or dentist.

Signature: _____ Date: _____

Please return all materials to The Bridge of Storm Lake