



Volunteer Medical Release Form

Volunteer Name (referred to hereinafter as "Volunteer"): _____

Address: _____ City: _____ State: _____

Zip: _____ Home phone: _____ Cell: _____

Persons to be notified in case of emergency:

1. Name: _____ Home Phone: _____ Cell: _____

Address: _____ Work Phone: _____

2. Name: _____ Home Phone: _____ Cell: _____

Address: _____ Work Phone: _____

Name of Family Physician: _____ Phone: _____

Hospital Preference: _____ Insurance Company: _____

Group # _____ Phone: _____

Any allergies or medications that may cause a reaction or other medical conditions that we need to be aware of: _____

The undersigned individual desires, and/or if a child is identified above as "Volunteer" the undersigned parent/guardian thereof desires the identified child, to participate in volunteer activities and/or programs ("Activities") associated with, conducted by, or conducted on the property of one or more of the following: Burritt Museum Association, Inc., Burritt Memorial Committee, the City of Huntsville, their officers, directors, agents, volunteers, insurers, principals, parents, subsidiaries, affiliates, successors or assigns (herein the "Released Parties"). In consideration for Volunteer being permitted to participate in the Activities, the undersigned does enter into the following agreements. The personal information reported hereon will be kept confidential and will be used only for emergencies, or in enforcement of the agreements herein.

The undersigned does hereby release, acquit and forever relieve the Released Parties from all liability and all claims of responsibility arising from injury, damage, loss or cost incurred now or hereafter by Volunteer and arising from Activities ("Claims"). The undersigned covenants not to sue the Released Parties for any Claims. The undersigned agrees to defend, indemnify and hold harmless the Released Parties from and against any Claims. The undersigned recognizes that certain principles of law may restrict the ability of a person to release claims for injuries or damages that have not yet occurred and may restrict a person's ability to release claims of a minor child. By entering into a covenant not to sue, the undersigned intends to preclude the statement or prosecution of Claims, if any, not capable of release as purported herein. By agreeing to indemnify the Released Parties against Claims (including claims of a child, if a child is identified above as the "Volunteer"), the undersigned assumes responsibility for Claims, if any, that might be stated against the Released Parties despite and/or not precluded by the release or covenant not to sue herein contained. The undersigned agrees that Volunteer may participate in multiple Activities over an extended period. The agreements herein contained shall apply with equal force to all Activities occurring from the date of the execution of this instrument until the date the undersigned hand delivers a written revocation of this instrument to the CEO of Burritt Museum Association, Inc. Any revocation of this instrument shall have no impact upon the effectiveness of this instrument to protect the Released Parties from any Claims arising, in whole or in part, from acts, omissions or occurrences first occurring prior to the delivery of the revocation as herein required.

Signature of Volunteer (or of Parent/guardian if Volunteer under 19): _____

Date: _____

This completed form must be submitted before volunteering with Burritt on the Mountain.