

Medical Consent

In the event of a medical emergency, by signing this form, I confirm that I consent to the necessary and proper treatment, surgery and/or anesthetic by a licensed physician or health care professional.

Volunteers are not covered by the MAM medical insurance plan. By signing this form I confirm that I understand that if I am injured during my volunteer assignment with MAM I am responsible for all medical costs; MAM is not responsible.

Photography Release

By signing this form I hereby grant permission for MAM to photograph me for any legal purpose including fundraising, press releases, social media, blog posts and/or marketing materials. I do not expect, nor will I receive, any form of compensation for the photograph(s) and furthermore waive any future rights to compensation for use of pictures of me. I also understand and agree that any photograph(s) in which I appear will remain the property of MAM and they shall retain all rights and privileges associated with ownership of these photographs.

Release of Liability

By electronically signing this form, I confirm that I am aware of the potential risks to me and my property during my volunteer assignment with MAM. With such knowledge, I voluntarily release and indemnify MAM, their representatives, and employees from any and all liability related to my activities with this organization, including any liability arising out of any negligence on the part of MAM.