

VOLUNTEER
Consent and Release Form

I. CONSENT FOR EMERGENCY TREATMENT

I _____
(name of volunteer)

I give authority for emergency medical treatment to be arranged by Canine Companions for Independence (CCI) if required during the course of my volunteer services to CCI.

(volunteer signature) (date)

II. LIABILITY RELEASE

I _____
(name of volunteer)

hold Canine Companions for Independence (CCI) harmless from any liability or damage to me or my property while performing volunteer services for CCI.

(volunteer signature) (date)

III. PUBLICITY CONSENT

I _____
(name of volunteer)

give my permission to Canine Companions for Independence (CCI) to use my image or likeness in photographic, videographic or other image production process, for the purposes of publicizing the CCI organization.

(volunteer signature) (date)