



Camp Name _____

The Retreat 2020

Volunteer Registration & Release Form
February 14-17, 2020

Please return this form to AARBF by January 17, 2020:

911 H Street, Fresno, CA 93721 | dchacon@aarbf.org | Phone: 415-495-7223 | Fax: 818-848-0296

Name _____ Male Female DOB: _____

Address: _____ City _____ Zip _____

Phone: (H) _____ (W) _____ (Cell) _____

E-mail: _____

Are you currently taking any medications that you will need to bring on the trip? YES NO

If YES, what medications will you be using? _____

Do you have any dietary restrictions (For example, vegetarian)? YES NO

If YES, please list and describe: _____

Will you be driving children for the trip? YES NO

How many children can you transport with a seat belt? _____

Do you request that AARBF provide a letter recognizing your in-kind donation? YES NO

Shirt Size: _____

Who may we contact in case of an emergency? (Different from above)

Name: _____ Phone: () _____ - _____ Relationship: _____

Name: _____ Phone: () _____ - _____ Relationship: _____

Driver's License and Car Insurance: Required if Transporting Children

Driver's License Number: _____ Issuing State: _____

Date Issued: _____ Expiration Date: _____

Car Insurance Company: _____ Policy # _____

Date Issued: _____ Expiration Date: _____

Medical Insurance: Required

Company: _____ Policy #: _____ Group #: _____

Do you possess any type of current certification, which may be helpful such as First AID, CPR?

Are you fluent in any languages other than English?



Camp Name _____

The Retreat 2020

Volunteer Registration & Release Form
February 14-17, 2020

PLEASE READ THE FOLLOWING VERY CAREFULLY.

YOUR SIGNATURE IS REQUIRED TO PARTICIPATE

- I am aware that surfing, kayaking, boating, rock climbing, hiking, driving hiking, mountain biking, water/paddle sports and other outdoor activities are hazardous sports that can result in serious injury, death or other damage. I accept the risks inherent in these activities and in the lake area, mountains, trails and other environments. I accept responsibilities to be informed to swim, hike, and mountain climb, and participate in such activities safely, to follow established safety guidelines, and to obey all posted behavior notices, rules and policies. I understand the nature of these activities and assume responsibility for my physical fitness and capability to perform the activities involved. I also assume responsibility for obtaining any medical examination relating to my physical capability and fully assume the risk of failing to obtain any said medical examination for myself.
- I understand that AARBF reserves the right to monitor all social media posts and photos related to AARBF staff, volunteers, clients, events, etc. Posts and photos that may harm the goodwill or reputation of AARBF; that are disparaging, discriminatory or harassing any staff, volunteer, client or other person associated with AARBF; or include any confidential or private information concerning a staff, volunteer, client or other person associated with AARBF is considered a breach of acceptable conduct and may be subject to a request for immediate removal.
- While participating in this event, I understand that unacceptable behavior, drugs, alcohol, weapons and firearms will not be tolerated, and may result in my dismissal.
- I understand that this event is a program by the Alisa Ann Ruch Burn Foundation and all decisions must be made or approved by an AARBF staff representative.
- I have read and understand the AARBF Overnight Trip Guidelines. I understand that my participation in this event is a secondary supervision role for the safety and care of the participants. Behavior contrary to this may result in removal from this event.
- I hereby release and hold harmless the Alisa Ann Ruch Burn Foundation from any civil damages resulting from my participation in this event.
- I hereby give permission to the physician or medical personnel selected by the Alisa Ann Ruch Burn Foundation to obtain and administer surgical and medical treatment, hospitalization and medication for myself in the case of an emergency.
- I understand that the insurance held by the Alisa Ann Ruch Burn Foundation is secondary and supplemental to my own health insurance.
- I agree to abide by the AARBF Social Media Policy. (A copy of the policy can be provided upon request)

Volunteer Signature Date

DRIVER RELEASE FORM

I understand that I must provide the Alisa Ann Ruch Burn Foundation with a copy of my valid driver's license, and proof of insurance, and registration for the vehicle being driven for the event. I understand that it is my responsibility to provide each person in my vehicle with a seat belt that works and instruct them to use it.

Volunteer Signature Date

PHOTOGRAPH/VIDEO RELEASE

The Alisa Ann Ruch Burn Foundation needs your help and to provide burn prevention education and burn survivor assistance programs. You can help the AARBFs' efforts to increase support for its valuable survivor programs like the Central Coast Beach Adventure trip, by allowing us to your photos for our website and publications. To do this, we need your authorization. Please, check the box next to the appropriate answer and sign below.

- Yes, I authorize the Alisa Ann Ruch Burn Foundation to use photographs or video from this event for publication. I understand that my name, and any other sensitive personal information will not be revealed without my specific consent.
- No, I do not want to be photographed or videotaped in any way.

Volunteer Signature Date