

WAIVER OF LIABILITY & MEDICAL RELEASE

Impact the Valley involves travel to job sites and construction work. We make every effort to carefully screen and manage the areas where youth work and emphasize safety on the work site, but cannot predict traffic or all specific situations that may arise on site.

I understand that Teens Opposing Poverty, Inc, volunteer site leaders, transporters or Impact the Valley organizers cannot be liable for any injuries or illness that I or my dependent may suffer.

(Please print dependent's name) (Date)

(Your Name) (Your Signature)

(Street Address) ()
(Phone)

(City) (State) (Zip)

(Email Address)

I authorize site leaders, organizing leaders or other personnel authorized by Impact the Valley leadership or others assigned by Teens Opposing Poverty Inc. to seek medical attention for me and/or my dependent in the event of an emergency:

In case of an emergency contact one of the following individuals:

Name (Please Print) () Phone () Cell Phone

Name (Please Print) () Phone () Cell Phone