



## Group Volunteer Information & Wavier Form

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Service Opportunity: \_\_\_\_\_

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### Emergency Contact

In the event of an emergency, please list the person we should notify. If your emergency contact cannot be reached, Eliza Bryant Village reserves the right to seek medical assistance at the nearest medical facility and will be held harmless in all legal issues that may arise from the decision.

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Name	Telephone	Relationship
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### Confidentiality Statement

I understand that as a volunteer of Eliza Bryant Village, I am obligated by Federal HIPAA, State Laws, and Eliza Bryant Village Policy to protect the health information of residents. I understand that a breach of privacy will result in disciplinary action, including termination of my volunteer placement with Eliza Bryant Village, as well as potential civil and criminal fines and penalties.

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Signature

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Date

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### Media Release

I understand that as a volunteer of Eliza Bryant Village, I may be videotaped, audio taped, interviewed, and /or photographed. I grant permission to Eliza Bryant Village to use my name, photograph(s), and/or quotes for publication in media materials, including (but not limited to) agency newsletters, social media, brochures, annual reports and The Eliza Bryant Village website. No compensation will be paid for such use.

*Please turn over*

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Signature

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Date

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**Liability Release**

I understand that as a volunteer, my participation in programs, events, and activities offered through Eliza Bryant Village is voluntary and at my own risk. I assume the risks and hazards associated with such participation. I agree to hold Eliza Bryant Village, its employees, agents, administrators, volunteers, and trustees harmless from any claims or causes of action by me or any other person, including all liability for personal injury, damage to personal property, or loss arising out of or related to my participation in programs, events, and activities offered through Eliza Bryant Village.

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Signature

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Date

**For any questions regarding this form or the Volunteer Program at Eliza Bryant Village, please contact:**

Chantel Davis  
Manager of Philanthropy and Volunteers  
P: (216) 658-1882  
E: cdavis@elizabryant.org