



CHESAPEAKE BAY FOUNDATION
Saving a National Treasure

Volunteer Health & Information Form

Event name: _____ Location: _____ Date of event: _____

Volunteer name: _____ Date of birth: _____ Sex: M / F

Participating Spouse/Partner name: _____ Date of birth: _____ Sex: M / F

Email: _____

Home Address (street address, city, state, zip code): _____

Phone (best # to reach you on the day of the event): _____

Family Participating:

Name: _____ Date of birth: _____ Name: _____ Date of birth: _____

Name: _____ Date of birth: _____ Name: _____ Date of birth: _____

In Case of Emergency, Notify:

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Health concerns:

Please list any allergies, health problems, or special needs pertaining to the participant, such as asthma, diabetes, allergy to bee stings/nuts, etc.: _____

Where did you hear about this event?

CBF email CBF mailing CBF website A friend/family member Social Media Newspaper Other

All CBF event participants please read and sign the following:

All of the above information is to the best of my knowledge, correct. I understand that participation in the Chesapeake Bay Foundation (CBF) activities is entirely voluntary. I understand that the CBF event may involve "hands on" activities such as planting trees, using equipment, or wading in shallow water; and I understand the risks and dangers involved in the above-named activities. I know and understand that unanticipated dangers might arise. I hereby release CBF from any responsibility for injury which might occur as a result of participation in CBF activities. I give permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for me/my child, and also permit such treatment procedures to be carried out at and by the local hospital(s) for me/ my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company. **I hereby grant the Chesapeake Bay Foundation the unconditional right to use my /my child's name, voice, and photographic likeness of me /my child in connection with any of their audio video production, articles, website materials or press releases, but not as an endorsement. If not, check here:**

By filling out the information above, I confirm I want to continue to help protect and restore the Chesapeake Bay. Please sign me up to receive Bay updates from the Chesapeake Bay Foundation.

Check this box to opt out of receiving Bay updates via email:

For children under 18: I give permission for _____ to participate in all field activities, except as otherwise noted.

Signature of Participant or Parent/Guardian Date