

## **VOLUNTEER EMERGENCY CONTACT FORM and PHOTOGRAPHY RELEASE**

In case of emergency, please contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Signed (Volunteer) \_\_\_\_\_ Date \_\_\_\_\_

### **Photo Release**

Name (please print) \_\_\_\_\_

I give permission and release for PHOTOGRAPHS to be made of myself while engaged in program activities. These photos may be used for publicity/promotion of Friends at the Lake Respite Program and for identification purposes.

Signed \_\_\_\_\_ Date \_\_\_\_\_