

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 _____