

**PROJECT D.E.E.P. (DORCHESTER EDUCATIONAL ENRICHMENT PROGRAM)  
VOLUNTEER HEALTH INFORMATION AND RELEASE FORM**

VOLUNTEER NAME: \_\_\_\_\_

**PLEASE INITIAL EACH LINE**

\_\_\_\_\_ I, the above-named volunteer, assume all risks and hazards incidental to such participation, and do hereby knowingly and willfully waive, release, absolve, indemnify and agree to hold harmless Project D.E.E.P. Associates, Inc. (hereinafter "Project D.E.E.P."), its officers, directors, consultants, agents, employees, organizers, sponsors, supervisors, participants, volunteers and any other individuals or entities associated with the program from any actions, claims, damages or the like arising out of any injury, whether the result of negligence or for any other cause, except to the extent and in the amount covered by applicable accident or liability insurance.

\_\_\_\_\_ I understand that Project D.E.E.P. may display the names and/or images of its students, volunteers, staff or other individuals associated with the program, on its website – www.projectdeep.org – or in approved publications. I understand that Project D.E.E.P. does so sparingly and responsibly; I do hereby knowingly and willfully waive, release, absolve, indemnify and agree to hold harmless Project D.E.E.P., its officers, directors, consultants, agents, employees, organizers, sponsors, supervisors, participants, volunteers and any other individuals or entities associated with the program from any actions, claims, damages or the like arising from the use of my name and/or image, whether the result of negligence or for any other cause, except to the extent and in the amount covered by applicable accident or liability insurance.

\_\_\_\_\_ I understand that Project D.E.E.P. may share my contact information with other individuals or entities associated with the program including but not limited to the Leahy-Holloran Community Center and the City of Boston's Boston Centers for Youth and Families (hereinafter "BCYF") who operate it. I understand that Project D.E.E.P. does so sparingly and responsibly, and only shares the minimum information necessary.

\_\_\_\_\_ I assume all risks and hazards incident to my transportation to and from any and all Project D.E.E.P. events or programs including but not limited to the Project D.E.E.P. Tutoring Program, and do hereby knowingly and willfully waive, release, absolve, indemnify and agree to hold harmless Project D.E.E.P., its officers, directors, consultants, agents, employees, organizers, sponsors, supervisors, participants, volunteers and any other individuals or entities associated with the program from any actions, claims, damages or the like arising out of any injury therefrom, whether the result of negligence or for any other cause, except to the extent and in the amount covered by applicable accident or liability insurance.

\_\_\_\_\_ I understand that Project D.E.E.P. director(s) reserve the right to dismiss a participant if, in his or her judgment, the behavior of the participant interferes with the rights of others or the smooth functioning of a group or activity, violates the Project D.E.E.P. programs' principles of conduct, violates the guidelines as set forward in the Tutor Contract, or if there are special needs not brought to attention of Project D.E.E.P. and its director(s) at the time of registration.

\_\_\_\_\_ I hereby give permission to the medical personnel selected by Project D.E.E.P. Associates, Inc. director(s) or any of its associated Tutoring Program director(s) to order x-rays, routine tests, and treatment for me. In the event my emergency contact(s) cannot be reached in an emergency, I hereby give permission to the physician selected by any of the above stated individuals or entities to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above, and to hold Project D.E.E.P. harmless in such event(s).

\_\_\_\_\_ I understand that Project D.E.E.P. Association, Inc. and all of its related programs including but not limited to the Project D.E.E.P. Tutoring Program does not provide health and/or accident insurance coverage.

<b>CURRENT MEDICATIONS</b> NAME DOSAGE and DOSING SCHEDULE _____ _____ <b>CURRENT HEALTH CONCERNS (IF ANY)</b> _____ _____ _____	<b>ALLERGIES</b> INDICATE ALLERGIES AND DESCRIBE REACTION BELOW <input type="checkbox"/> MEDICATION <input type="checkbox"/> ENVIRONMENTAL or SEASONAL <input type="checkbox"/> INSECT or BEE <input type="checkbox"/> FOOD <input type="checkbox"/> NO KNOWN DRUG ALLERGIES EXPLAIN: _____
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VOLUNTEER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_