



HEALTH & RELEASE OF LIABILITY AND CONSENT

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Phone: (Cell) _____ (Home) _____ (Work) _____

Email: _____

Alternate Contact Person: _____ Phone: _____

Medical and Liability Release Statement/ Photo & Video Release:

I understand that in the event medical intervention is needed for myself or ward, an attempt will be made to contact the persons listed on this form. In the event I or my contact cannot be reached in an emergency during the project dates shown on this form, I hereby give my permission to the project leader to provide any needed care, including hospitalization.

I understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed. I agree to accept all risk of personal injury or damage to my property and verify this by initialing here _____.

I understand that I and/or my ward, are volunteers in a Non-Profit charitable project. Therefore, I agree to hold Hammer & Nails, Inc., its Board of Directors, Officers and Employees harmless for all claims, suits, or actions of my voluntary participation in this project.

I agree that Hammer & Nails, Inc. may use, without obligation, and may copyright for advertising, publicity and promotional purposes photos, videos, stories in which I appear. I also understand I will not receive any reimbursement. Initial here _____.

-If you do not wish to have this information disclosed, please initial here _____.

Signature _____

Print Name: _____

Print name of Minor Child _____

Hammer & Nails, Inc. Representative Signature _____