Bio-Link Depot Volunteer Liability and Release Form 9235 San Leandro Street Oakland, CA 94603 (510) 686-3411

Bio-Link Depot Mission:

To give unneeded lab supplies and equipment a new life at middle schools, high schools, colleges and universities.

What We Do:

We accept donations of biotech supplies and equipment and give them away for free to science educators at our Open Houses events.

Volunteer Waiver/Release and Emergency Contact Forms

#1 - Volunteer Waiver/Release Form for an Adult or Minor:

I hereby release, waive and discharge Bio-Link Depot, Inc. their volunteers, instructors, members, and all participants from any and all claims, losses, damages, causes of action, suits and liability of every kind, including all expenses of litigation, court costs, and attorney fees for injury to, or death of any person; or for damage to any property, arising from or attributed to, directly or indirectly, participation in any and all activities associated with the Open House/Grand Opening and preparation for Open House event being held
of any type, brought as a result of participation in the above named activity.
I assume all risks of bodily injury to myself/or my minor child, and give permission for myself/him or her to be taken to a hospital and/or treated by licensed medical personnel for a medical emergency, illness, or injury; and for licensed medical staff to take emergency measures as they deem appropriate.
I have read this document and understand that it has legal consequences, and sign it voluntarily.
Participant's Printed Name:
Participant's Signature:
Parent/Guardian's Signature for minor age child:
Date:
#2 - Volunteer Waiver/Release Form for a minor child under the age of 18:
My child,is hereby authorized, and has my permission to serve as a volunteer and participate in Organizing for Bio-Link Depot Open House, being held on

I the parent/guardian of the above named minor, for myself and on behalf of my child; acknowledge that my child's participation in this activity may involve the risk of injury from their actions, inactions, or negligence; from the actions, inactions, or negligence of others; from the conditions of the items being used, the weather or other occurrences in the area where the event is being conducted.

I release, waive, discharge, and relinquish the sponsors, organizers, and participants, their officers, directors, employee, and agents, from any and all liability, loss, damage, claim, demand, or cause of action against them, arising out of or related to my child's participation in this activity as a volunteer.

I assume all risks of bodily injury to my child and give permission for him/her to be taken to a hospital and/or treated by licensed medical personnel for a medical emergency, illness, or injury; and for licensed medical staff to take emergency measures as they deem appropriate.

I have read this document and understand that it has legal consequences, and sign it voluntarily.
Minor's Name (Please Print):
Parent/Guardian's Signature:
Date:
Emergency Contact Form:
Full Name of Volunteer:
Name of primary emergency contact:
Emergency Contact - Phone # and Address:
Name of alternate emergency contact:
Alternate Contact - Phone # and Address:
Please list any known allergies or medical conditions: