



Committed Partners for Youth FOR ADULT MENTORS

Any time that you are leaving the Eugene/Springfield area or engaging in an activity that poses a higher risk potential (ie; rock climbing, tubing on the river, etc), you must complete the consent and waiver form and hand it in prior to your participation.

Consent and Liability Waiver

I will be participating in a variety of activities as part of my volunteer participation in Committed Partners for Youth.

Activity: _____

Date: _____

I understand that my participation is voluntary and that there may be risks inherent to participation in some of these activities. I also understand that the activity site assumes no liability for injuries or accidents beyond that which would normally be extended towards volunteers, and I assume all other liability. I understand that Committed Partners for Youth provides limited secondary coverage for accidental injury as a result of voluntary participation in an activity only when that activity is done directly as a part of my participation in the Committed Partners for Youth mentoring program. I agree to all of the conditions set forth above.

Mentor's Signature

Date

Emergency Medical Information:

Mentor's Name _____ Home Phone _____ Work _____

Address: _____

Additional Emergency Contact: _____ Phone #: _____

Physician: _____ Phone #: _____

Insurance Provider: _____

Other Health Information: Please list any health information which should be known by CPY staff or physician. Include allergies, current medications and physical limitations:
