



OCNJ C.A.R.E. ADULT Waiver/Release Form

Name:	<div style="display: flex; justify-content: space-around; font-size: small;"> First Middle Last </div>		
Over 18?	<div style="display: flex; justify-content: space-around;"> Yes No </div>		
Address:	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <small style="text-align: center;">Include Street, City, state, zip</small>		
Home Phone:		Cell:	
Emergency Contact Name:		Emergency Contact Phone:	
Second Emergency Contact:			
<p>Waiver:</p> <p><i>I understand that there are inherent risks involved in any volunteer work, and I hereby release the organization, OCNJ C.A.R.E., and all volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement.</i> In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by OCNJ CARE, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.</p> <p>Signature : _____ Date: _____</p> <p style="text-align: center;">www.ocnjcare.org</p>			