

Sunshine Rescue Ranch Medical Waiver

I (print name), _____, understand that I must be in good physical condition to perform the duties of a volunteer.

These duties may include, but are not limited to, driving, moderate walking, and occasionally standing for an extended period of time. By signing this waiver, I acknowledge that I am in good physical condition and have no medical limitations that would prevent my participation in the volunteer program.

Signature of Volunteer

Date

Signature of Witness

Date

Emergency Contact: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

I (print name), _____ M.D., am unaware of any conditions or restrictions which would prohibit my patient from participating in any of the above listed activities.

Physician's Signature: _____

Physician's Address: _____

Physician's Phone: _____