



# La Vernia Historical Association

## Volunteer Agreement Form

General Volunteer

**Emergency Medical Treatment Authorization:** I hereby authorize the La Vernia Historical Association (LVHA) to seek emergency medical treatment for the below mentioned individual, who will be volunteering for the La Vernia Historical Association Wild West HammerFest Bike Ride.

**Media Release:** I hereby grant permission to the La Vernia Historical Association and Chain Reaction to use my name, picture, and/or likeness in any manner and in any media, either alone or accompanied by other material. I agree that I will not hold the La Vernia Historical Association, Chain Reaction, or the City of La Vernia singularly or collectively responsible for any liability resulting from the use of my name, picture, and/or likeness in the manner described herein.

\_\_\_ ALCOHOL AND DRUG USE: LVHA Policy prohibits the use of alcohol or other non-(intls)prescribed drugs during working hours by its volunteers. No volunteer who has been drinking, or is under the influence of non-prescribed drugs, will be permitted to work supporting the La Vernia Wild West HammerFest Bike Ride.

\_\_\_ TRAFFIC AND SAFETY: It is the policy of the La Vernia Historical Association that (intls)only law enforcement personnel will direct vehicular traffic (except for parking lots) at any time during the Bike Ride. This policy declares that at no time will volunteers be required to direct traffic, nor should any volunteer attempt to direct traffic.

**I have read and understand the Emergency Medical Treatment Authorization and Media Release. I agree to follow the Confidentiality Agreement, and Alcohol and Drug Use Policy outlined above.**

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<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
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<b>Parent/Guardian Name (if under 18)</b>	<b>Signature</b>	<b>Date</b>
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<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
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<b>Telephone Number</b>	<b>Company/Organization</b>
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**E-Mail Address**

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<b>Emergency Contact</b>	<b>Emergency Number</b>
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