

Liability Waiver & Release

By signing, the undersigned (volunteer, team member, or guest) acknowledges the risks associated with visiting a senior care facility and releases Checkmate Community and its partner facilities from liability for injury, illness, or loss arising from voluntary participation, except in cases of gross negligence or willful misconduct.

Participant

Full Legal Name: _____

Date of Birth: _____

Address: _____

City / State / ZIP: _____

Phone: _____

Email: _____

Emergency Contact: _____

Acknowledgments

I understand facility visits may involve exposure to communicable illness: Yes No

I am physically able to participate in the activities I have volunteered for: Yes No

I will notify the team lead immediately of any injury or incident: Yes No

I release Checkmate Community from claims arising from my participation: Yes No

I am 18 years or older, OR a parent/guardian is co-signing below:

Parent / Guardian (if under 18)

Parent / Guardian Name: _____

Relationship: _____

Phone: _____

Signature: _____ **Date:** _____

Printed name: _____ **Title:** _____

Return completed form to: info@checkmatecommunitytx.org | or hand to our on-site lead at your next visit.