



## VOLUNTEER HEALTH STATEMENT

When complete, please send to:

Volunteer Program-Grand Canyon Trust, 2601 N. Fort Valley Road, Flagstaff, AZ 86001

**Please note: If you are under 18 years of age, this form must be filled out and approved by an adult.**

Project Name \_\_\_\_\_ Dates \_\_\_\_\_

### CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Email Address \_\_\_\_\_

**Age category**    < 18    19-45    46-60    61+   **Gender**    Female    Male

**Race/ethnic origin**    Asian or Pacific Islander    African American    Hispanic    Native American    Caucasian

**Are you a member of the Grand Canyon Trust?**    Yes    No   If yes, year you became a member? \_\_\_\_\_

**When you volunteer with the Grand Canyon Trust we now offer a free membership opportunity!**

- Sign me up for a free 1 year gift membership with the Trust!    Yes    No
- I am interested in being a part of the action alert network sent by email    Yes    No
- It is okay to trade or exchange my name    Yes    No

### How did you hear about us?

- Friend or relative    Poster/Flier    GCT Website    GCT recruitment event  
 GCT Advocate    GCT member    Volunteer newsletter    GCT educational event  
 Radio Announcement    other (please specify) \_\_\_\_\_

### HEALTH QUESTIONNAIRE

As a part of our ongoing efforts to match volunteers with each trip, we are asking all registrants to answer the questions below when applying for trips. Your responses will remain confidential. Your participation is subject to our receipt of this form and approval by GCT Volunteer Program staff.

**Physical Condition**—Describe your regular exercise activities.

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**Backpacking Experience** (if applying for a backpacking trip) -- Please provide the following information about your recent experience: Dates and locations, distances hiked (total and longest day), total elevation gain and loss, and maximum weight carried. (Experience is not required, but this information helps us match volunteers with appropriate trips).

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**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Contact Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

**ARE YOU CURRENTLY EXPERIENCING OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?**

	Yes	No
Heart Problems/ heart attack		
Chest pain/pressure		
Overweight		
Frequent shortness of breath		
Asthma/respiratory problems		
Frequent dizziness		
Frequent fainting		
High blood pressure		
Depression/ anxiety		
Diabetes		

	Yes	No
Recurrent/ frequent headaches		
Ulcer/ stomach problems		
Urinary tract problems		
Musculo-skeletal problems		
Hepatitis		
Seizures		
Hospitalization/surgery (w/in last yr)		
Currently pregnant		

For any boxes checked yes, please explain the severity and any medications or treatments you use to manage the condition.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you take any other medications? If so please list and explain their purpose. Also please notify trip leader of any that you will bring and where you will keep it.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any allergies/anaphylaxes (including medications, foods, bites, and stings).

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List any dietary needs or preferences and extreme dislikes (vegetarian, lactose intolerant, need coffee, etc.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is there any other information that we should know about you?

\_\_\_\_\_  
 \_\_\_\_\_

**AGREEMENT**

In an emergency situation where I am unable to communicate my preferences, I give permission for anesthesia, surgery, or other emergency medical care that might be necessary. I understand the rigorous nature of the trip. I understand that professional medical attention could be several hours or several days away. I understand that I will be held responsible for the cost of an evacuation if I require one. I understand the importance of this form and have answered all the statements fully and truthfully. The GCT will not share any of this confidential information.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## VOLUNTEER PROGRAM WAIVER AND RELEASE AGREEMENT

**This is a waiver and release of liability – please read carefully before signing.**

The undersigned “Volunteer” wishes to perform work and provide services on a voluntary basis at no charge or cost to the Grand Canyon Trust (“GCT”), a non-profit environmental organization whose headquarters are located in Flagstaff, Arizona. The exact nature of the work and services to be performed vary from project to project. The Volunteer’s activities may include, without limitation, the following risks and hazards: 1) the use of tool’s and other equipment, 2) working around other participants who may not be accustomed to this type of labor or the tools and equipment associated with it, 3) working in rugged terrain, back country locations and exposure to the elements, 4) working around herbicide, 5) other risks listed in the project description. I am aware that these risks and other hazards are inherent in participation in this project and hereby assume sole responsibility for all such risks and hazard.

I have read and understand the project description and duties that will be expected of me related to the particular project in which I will be participating. I agree to conduct myself in a safe and courteous manner and to accept supervision from GCT staff and other project leaders. I understand that if I fail to do so permission for me to participate in the project may be revoked by GCT.

In return for receiving permission from GCT, its partners and associates to participate in this project, I agree to assume all risks of loss and injury that may arise out of my participation and I agree to waive any and all claims against GCT and all parties described below.

I hereby release and agree to indemnify and hold harmless GCT, its partners, associates, collaborating agencies and organizations involved in this project, the participants in this project, including other volunteers, and their respective agents, representatives, officers and employees, assigns and insurers, hereinafter referred to as the “released parties,” from any and all liability, claims, demands or actions or causes of action whatsoever, arising out of damage, loss of injury to my person or property, whether anticipated or unanticipated, while participating in any negligence of the released parties, their respective agents, officers, employees, successors, assigns and insurers or from some other cause. I do hereby release and forever discharge GCT from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with my activities with GCT. This release and agreement shall be binding upon me, my heirs, successors, assigns, administrators and executors.

I understand that, except as otherwise agreed to by GCT in writing; GCT does not carry or maintain health, medical or disability insurance coverage for any volunteer. I understand that supplemental secondary medical coverage, if any, may be provided to any volunteer. **Volunteers are required to have and show proof of their own medical insurance coverage. Please send a photo copy of your insurance card with your registration form.**

The following is a description of my coverage:

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Insured's Name: \_\_\_\_\_ Group #: \_\_\_\_\_

**Media Release**

I hereby grant permission to GCT to use photographic or video images of me, and/or audio recording of my voice on its World Wide Website or in other GCT related printed or digital publications without further consideration. I acknowledge the Trust's right to crop or treat photographs and digital media at its discretion. I also acknowledge that the Trust may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I also understand that once my image is posted on GCT's website, the image may be downloaded by any computer user. Therefore, I agree to indemnify and hold harmless GCT from any claims pertaining to the use of my image.

I hereby acknowledge that I have read, understood, and voluntarily agree to the foregoing waiver and release agreement and do not require further explanation. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of Arizona and that this Release shall be governed by and interpreted in accordance with the laws of Arizona.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**To participate, a volunteer under 18 years of age must be accompanied by a parent or legal guardian.**

Signature of parent or guardian if under 18 years of age:

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date