

## **Family or Adult** WAIVER:

### MEDICATION & SHARPS DRIVE-THRU COLLECTION SATURDAY, APRIL 26, 2025

Adult/Parent/Guardian #1 Print Name \_\_\_\_\_

Adult/Parent/Guardian #2 Print Name \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Full names of your **children/student volunteers under 18:**

**Ages:**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

#### Optional

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

#### **Waiver/Release**

I have read this waiver and knowing the facts, I, for myself and anyone entitled to act on my behalf, waive and release HC DrugFree and its employees, directors, officers, partners, agents, and sponsors from and against all claims, demands or causes of actions for accidents, personal injury, bodily injury, death, property damage or other injury or loss or damage of any kind, occurring from any cause arising from or related to or in connection with named participant's involvement in the event named above. Further, I grant permission to all of the foregoing to use named participant's photographs, audio and audio visual recordings or any other record of this event for any legitimate purpose.

#### **Additional waiver as applies to some adults volunteers handling sharps & medication:**

In addition to above, I understand proper handling of meds and sharps, agree to wear provided gloves and protective items, and assume the risk of picking up medications and sharps and placing them in the proper bins. I will decide the appropriate medical care for such, and I understand that it is my responsibility to IMMEDIATELY report any injury (splash, needle stick, cut, etc.) to HC DrugFree's Executive Director or Board Member present at this event.

\_\_\_\_\_  
Date: April 26, 2025

Signature of Adult #1

\_\_\_\_\_  
Date: April 26, 2025

Signature of Adult #2