



# Chicago Medical Reserve Corps CDPH Volunteer Waiver of Liability

The following waiver details CDPH's responsibilities to cover any injuries you may incur while volunteering. It does not affect your personal liability in providing medical services at our volunteer events. By signing this waiver, you are not losing any rights to malpractice insurance you may have privately or under the Municipal Code of Chicago or any other State or Federal law concerning liability coverage for volunteer medical professionals. You are only waiving your right to sue CDPH. This waiver also provides CDPH the right to take photos and videos of you while volunteering and use such material in social media posts or other official press releases.

Adobe Reader or another PDF software may help to electronically view and sign the fillable PDF. <https://www.adobe.com/acrobat/pdf-reader.html>.

Adobe Acrobat is free. IOS and Android phones also have the capability to open and sign PDF files.

**Please email signed waivers to [ChicagoMRC@cityofchicago.org](mailto:ChicagoMRC@cityofchicago.org).**





## Volunteer Waiver of Liability Agreement

**By signing below, I, the volunteer, acknowledge that entry into this agreement (“Agreement”) is in consideration of my participation as a volunteer with the City of Chicago, through its Department of Public Health, collectively “CDPH”, and confirm my understanding and agreement to the following:**

### **Policies and Safety Rules**

I will comply with all CDPH volunteer policies, safety rules, conduct expectations, and other directions. If I am injured while volunteering, I will promptly notify CDPH of my injury. I understand that noncompliance may result in termination of my volunteer status.

### **Volunteer Not an Employee**

I understand that (a) I am not an employee of CDPH, (b) I will not be paid for my participation, and (c) I am not covered by or eligible for any CDPH insurance, health care, worker’s compensation, or other benefits. I understand that CDPH may terminate my volunteer status at any time, for any or no reason.

### **Risks Associated**

Volunteering with CDPH has risks. These risks may arise in a variety of ways. They include, without limitation: my lifting heavy objects or otherwise exerting myself, handling medical instruments including needles and syringes, using hot or sharp objects or other tools, being exposed to dust, other allergens, loud noises, infectious and non-infectious diseases, makeup, moulage, and other cosmetics, wet conditions that may lead to slips and falls, and interacting with and being in the presence of other volunteers, visitors and other people.

I understand that these risks include risks of injury, illness, death, and property damage or loss, and that they may arise from my own actions or from the actions of others at or near CDPH facilities or encountered when traveling for CDPH activities offsite.

### **Waiver and Release of Claims**

I waive and release CDPH from any and all liability, claims, costs, and expenses of any kind and of whatever nature which I or my heirs, next of kin, or legal representatives may have, or which may later accrue, caused by or arising directly or indirectly from my presence at CDPH facilities or participation in CDPH activities. This release and waiver includes, in each such case, all claims in respect of the risks noted above, known and unknown, foreseen and unforeseeable, regardless of the cause or whether such claims arise from tort, contract, or otherwise, and even if caused by negligence, whether passive or active. I understand that this is a legally binding agreement, and by signing this I agreement I waive my right to bring a court action to recover compensation or to obtain any other remedy for any injury to myself.

### **Disclosure of Medical Conditions**

I understand that I am solely responsible for knowing my own physical condition and making my own decision about volunteering. I have disclosed all medications and conditions relevant to my participation to my volunteer supervisor at CDPH, including chronic conditions such as asthma, allergies, seizures, or diabetes. I understand that CDPH needs such information because some medication side effects, or medical conditions could affect my safety or that of others at CDPH. I consent to CDPH sharing this

information with health professionals or first responders should I become ill or injured while at CDPH facilities.

**Medical Care Consent and Waiver**

I authorize CDPH to provide me with first aid and to arrange medical assistance, transportation, and emergency medical services for me if I get hurt while volunteering. I understand that CDPH is not obligated to provide this care. I also understand that I am solely responsible for any costs related to my medical treatment and transport, and that CDPH does not provide health, medical, disability, or other insurance coverage for me.

**Use by Client of My Name and Image**

I understand that CDPH may take photos or videos of me. I consent to use by CDPH of my image, voice, and name. CDPH may use any such photos or videos without obtaining my approval or paying me for such use.

**Acknowledgement**

I understand that this Agreement will be binding for so long as I am a volunteer at CDPH. This Agreement will run in favor of, and may be enforced by, CDPH and will bind my heirs, next of kin, and legal representatives. This Agreement will be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the other terms remain effective. This Agreement will be governed by Illinois law.

\_\_\_\_\_  
Signature of volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of volunteer

\_\_\_\_\_  
Name of emergency contact

\_\_\_\_\_  
Phone number of emergency contact