



World Health Ambassador (WHA) & American Executive Health System (AEHS) COVID-19 Vaccination Team Volunteer Form



Welcome to the WHA COVID-19 Vaccination Team! We are grateful for you and for our partnership with AEHS in distributing COVID-19 vaccinations. Please review and fill out this form. All information will be kept confidential.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Birthdate: _____

In case of an emergency, please provide contact information for a friend or family member we should call on your behalf:

Name: _____ Relationship: _____

Contact Numbers: _____

WHA & AEHS Volunteer Waiver:

In consideration of my participation in volunteer activities in and around AEHS properties, I do hereby declare myself to be medically able to participate in the volunteer activities assigned to me by WHA and AEHS. I understand that there may be risks involved in these activities, and I agree to familiarize myself with all equipment, rules and physical demands related to the activities that I undertake. I agree to hold WHA, AEHS, and their related Board of Trustees, employees, volunteers and sponsors free from all liability and/or claims for injuries or damages to property or person. I hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of World Health Ambassador and American Executive Health System.

Please Initial _____

Video/Photo Release:

I authorize WHA & AEHS to use any photos, video or likeness of me (or my child) for publicity purposes, internal or external at no charge to the organization. Furthermore, I understand that in some cases these photos, videos or likeness may be reproduced and displayed by others. I agree to hold WHA and AEHS harmless for any and all claims arising from the unauthorized reproduction of this material.

Please Initial _____

Print Name: _____ Date: _____

Sign Name: _____

If signing for minor, state Child's Full Name: _____

Relationship: _____