



**SACRAMENTO REGIONAL
MEDICAL RESERVE CORPS**



JOHN MCGINNESS
SHERIFF

**VOLUNTEER ASSUMPTION OF
ALL RISKS SIGNATURE FORM**

The Sacramento Regional Medical Reserve Corps intends to mitigate the risk of injury and to prevent injuries to its registered volunteers resulting from their participation in the Medical Reserve Corps. Every attempt will be made to reduce any risk of injury through training, education and use of universal precautions. In addition, volunteers will only be matched to positions for which they have the skills and qualifications to fulfill safely.

Be aware, however, that some unanticipated risk possibilities may be present both during a public health emergency and during non-emergency work with direct patient contact. Medical Reserve Corps volunteers agree to assume any and all risk of injury or damage resulting from any accident or incident that I encounter as a volunteer. Any incidents, accidents or injuries should be reported to the Program Coordinator immediately.

I (***please print name***), _____, have read the above Medical Reserve Corps policy on Volunteer Risk. I understand its contents and have had the opportunity to ask questions regarding risks of injury or damage that I may face as a volunteer. I agree to assume any and all risk of injury or damage resulting from any accident or incident that I encounter as a volunteer and will report any incidents, accidents, or injuries immediately to the Medical Reserve Corps Coordinator.

Signature

Date

Witness

Date