



Residential Options of Florida, Inc.
 3050 Horseshoe Drive N, #285, Naples, FL 34104
 Phone: (239) 774-ROOF (7663)
 E-mail: info@flroof.org
 Web: www.flroof.org

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND RELEASE OF RECORDS

In the event emergency medical treatment is required due to illness and/or injury while on ROOF property or while participating in ROOF-sponsored activities, I authorize **RESIDENTIAL OPTIONS OF FLORIDA, INC.**, and its agents/representatives to:

1. Secure and retain medical treatment and transportation, if needed
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment

Name:	Date of Birth:
Primary Phone #:	Secondary Phone #:
Street Address:	
City, State, Zip:	
Social Security Number:	
Physician's Name:	Physician's Phone #:
Insurance Company:	Insurance Phone #:
Policy #:	Group#:

Current medical condition(s) requiring special precautions, treatment and/or medications (attach additional pages if necessary):

Condition(s): _____ Medication/Dosage: _____

Emergency Contact Information: *(Person to be notified in the event of an emergency and who is authorized to give temporary assistance or care in the absence of parent or guardian)*

Name: _____ Relationship: _____

Home Phone _____ Cell Phone _____ Work Phone _____

CONSENT PLAN: (Circle One) I DO / I DO NOT consent to emergency medical treatment. This authorization includes x-ray, hospitalization, medication, and any treatment procedure deemed "life-saving" by the licensed physician on duty. This provision will be invoked if the emergency contact is unable to be reached and the person listed above is unable to make decisions for him/herself. If you DO NOT consent to emergency medical treatment, please indicate the procedures you wish to have followed in the event of an emergency: _____

VOLUNTEER DOES HEREBY RELEASE AND FOREVER DISCHARGE ROOF FROM ANY CLAIM WHATSOEVER WHICH ARISES OR MAY HEREAFTER ARISE ON ACCOUNT OF ANY FIRST AID, TREATMENT OR SERVICE RENDERED IN CONNECTION WITH THE VOLUNTEER'S ACTIVITIES WITH ROOF.

IN WITNESS WHEREOF, the undersigned executes this authorization and release this _____ day of _____, 20____.

Note: Signature of Parent/Guardian is REQUIRED if Volunteer is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

 Adult/Parent/Guardian Name (Print)

 Adult/Parent/Guardian Signature

 Witness Name (Print)

 Witness Signature



Residential Options of Florida, Inc.
2640 Golden Gate Pkwy., Ste. 112-A, Naples, FL 34105
Phone: (239) 774-ROOF (7663)
E-mail: info@froof.org
Web: www.froof.org

LIABILITY RELEASE & WAIVER

This Liability Release & Waiver by _____ (“Volunteer”), is in favor of Residential Options of Florida, Inc. (“ROOF”), a Florida non-profit corporation, its officers, employees, agents, successors and /or assigns, principals, and representatives (collectively referred to as “ROOF”).

The Volunteer desires to work as a volunteer for ROOF and engage in the activities related to being a Volunteer. The Volunteer hereby freely, voluntarily, and without duress executes this Liability Release & Waiver under the following terms:

The Volunteer who is known to RESIDENTIAL OPTIONS OF FLORIDA, INC. (“ROOF”) as a visitor, volunteer, client, employee or guest, for and in consideration of participation in any ROOF programs and presence on any ROOF property and for other good and valuable consideration in hand received by Volunteer, the receipt and adequacy of which are hereby acknowledged, does hereby RELEASE AND HOLD HARMLESS, ROOF and it’s successors and /or assigns, agents, principals, representatives and employees, of and from all manner of action(s), cause(s) of action, suits, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which Volunteer has or may have in the future from the signing of this release until the end of such Volunteer’s participation in a ROOF program or presence on ROOF property, and any claim past, present or future which any personal representative, successor, heir or assignee of said party hereafter can, shall or may have against ROOF for, upon or by reason of any matter, cause or thing whatsoever, from the time of Volunteer participation in any ROOF program or being present on any ROOF property until such time as Volunteer is not participating in any ROOF program or from a date forward that such Volunteer is not present on any ROOF property. This Release includes but is not limited to the following:

- 1) Any and all rights or claims arising from, relating to, or in any way connected with the death or injury of any person participating in any activity sponsored by ROOF or death or injury of person occurring on ROOF property or claim for damage to any Volunteer’s personal property brought upon any ROOF property by Volunteer.
- 2) Any and all rights or claims arising from, relating to or in any way connected with the death or injury of a Volunteer who takes transport in any ROOF agent vehicle as part of a sponsored ROOF program occurring outside of the ROOF property.

I UNDERSTAND THAT ROOF DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO, MEDICAL, HEALTH OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.

I UNDERSTAND THAT THIS WAIVER INCLUDES ANY AND ALL LIABILITY FOR ANY AND ALL CLAIMS OR DAMAGES BASED ON ALLEGED NEGLIGENCE, GROSS NEGLIGENCE, ACTION OR INACTION OF THE PARTIES, AND INCORPORATES THE IMMUNITY TO VOLUNTEERS OF NOT-FOR-PROFIT ORGANIZATIONS WHO ARE ACTING WITHIN THE SCOPE OF THEIR RESPONSIBILITIES.

I UNDERSTAND THAT VOLUNTEER ACTIVITIES INCLUDE WORK THAT MAY BE HAZARDOUS TO THE VOLUNTEER. I EXPRESSLY AND SPECIFICALLY ASSUME THE RISK OF INJURY OR HARM IN THE ACTIVITIES AND RELEASE ROOF FROM ALL LIABILITY FOR INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE RESULTING FROM THE ACTIVITIES.

Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, the undersigned executes this release this _____ day of _____, 20_____.

Note: Signature of Parent/Guardian is REQUIRED if Volunteer is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature

Witness Name (Print)

Witness Signature



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PHOTO AND NAME RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) Residential Options of Florida, Inc., a Florida nonprofit corporation, and it's successors and /or assigns, agents, principals, representatives, employees and all persons acting under their permission and authority, (hereinafter collectively referred to as "ROOF") the following permission:

Photo Release:

_____ The undersigned hereby grant(s) ROOF to take or have taken, still and moving photographs, voice, or video tapes, and films, including television pictures ("Images") of _____ (print full name) and consents and authorizes ROOF, its advertising agents, news media, and any other persons interested in ROOF and its work, to the use and reproduction of the Images without limit, the generality of the foregoing newspapers, television media, social media, website, brochures, pamphlets, instructional materials, books and clinical material. I understand that these Images will be used for an indefinite period of time. I understand that some of these Images may be used in conjunction with fundraising and promotional efforts and may be reproduced in many mediums, including but not limited to calendars, posters, t-shirts, ornaments and other specialty items. I hereby release and discharge ROOF from any liability regarding the use or misuse of the Images and any other reproduction of the Images covered by this form. I hereby waive any right to inspect and/or approve any utilization or publication of the Images prior to their use by ROOF.

_____ The undersigned choose(s) not to grant permission for the use of photographic images.

Name Release:

_____ The undersigned hereby grant(s) ROOF to use _____ 's (print full name) full name ("Name") and consents and authorizes ROOF, its advertising agents, news media, and any other persons interested in ROOF, and its work, the use of her/his name with photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, website, brochures, pamphlets, instructional materials, books and clinical material.

_____ The undersigned choose(s) not to grant permission for the use of the aforementioned name.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of ROOF to use the aforementioned Images and Name for the primary purpose of promotion and aiding its program and/or its work. I understand that no one will receive any compensation for this release or the use of the aforementioned Images or Name.

IN WITNESS WHEREOF, the undersigned executes this release this _____ day of _____, 20_____.

Note: Signature of Parent/Guardian is REQUIRED if Volunteer is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature

Witness Name (Print)

Witness Signature