

**Release of Liability
Beans and Rice, Inc.
PO Box 397
Radford, Va.**

I _____ understand that my involvement in the Beans
(printed name)

And Rice Alternative Break Program in Radford and Pulaski Virginia during the period

from _____ to _____ is entirely
(month, day, year) (month, day, year)

voluntary. I also understand that some of the activities I will be engaged in may involve risk. These risks may include, but are not limited to, those involving travel, sports, and working with children. I understand that my participation in this program is at my own risk and I take full responsibility for my own welfare.

I, for myself, and for my successors of every kind, by my signature hereby release Beans and Rice, Inc. their staff, board, and volunteers from liability for any injury, illness, accident or loss that I may sustain while or as a result of participating in this program.

Signature of Participant

Date

Signature of Legal Guardian
(only if participant is under 18)

Date

Signature of Witness

Date

Insurance Information

Health insurance is required for participation in this program.

Name of Health Insurance Company: _____

Name under which insurance is filed: _____

Policy Number: _____

Type of Coverage: _____

In case of Emergency, contact: _____

**Volunteer Information Sheet
Beans and Rice, Inc.
PO Box 397
Radford, Va.**

Please Print Clearly

Name:

Nickname?

University:

Major:

Date of Graduation:

Date of Birth:

Age:

Complete Home Address:

Complete School Address:

Home Phone:

School Phone:

Email:

1. Do you have any medical restrictions, dietary restrictions, or health problems ?
2. Are you vegetarian ? If so, explain what you will not eat ?
3. What special skills are you bringing to this activity ?
4. Do you have anything in particular you want to experience or accomplish during your volunteer week ?