

## Lajna Volunteer/Participant Consent Form

### Volunteer/Participant Information

- **Name:** \_\_\_\_\_
- **Phone:** \_\_\_\_\_
- **Emergency Contact & Phone:** \_\_\_\_\_

### Volunteer/Participant Activity

- **Event/Project Name:** \_\_\_\_\_.
- **Location:** \_\_\_\_\_.
- **Date(s):** \_\_\_\_\_

### Acknowledgment & Consent

I agree to participate in this Lajna volunteer activity, received description and/or orientation and understand that participation may involve physical activity, travel, and potential risks. I confirm that I am medically able to participate and will follow all safety instructions provided.

### Medical Authorization

In case of illness or injury, I authorize the site coordinator/ Local Lajna Sadr to seek emergency medical care for me, including calling 911 or transporting me to the nearest emergency room. I understand that I am responsible for any related medical expenses.

### Safety & Transportation

I agree to remain with the group, avoid unsafe areas, carry a charged phone, and travel in pairs or groups as directed. If using my own vehicle, I accept responsibility for my transportation and insurance.

### Signatures

- **Volunteer print & sign:**  
\_\_\_\_\_
- **Event/Project Coordinator print & sign:**  
\_\_\_\_\_
- **Date:** \_\_\_\_\_