

One World Center for Autism, Inc.

Linking those living with autism to their world

www.worldforautism.org

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Lanham Maryland, 20706

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One World Pediatrics

Making a world of difference for children of all abilities

Volunteer Waiver

I _____, myself, my heirs, executors, guardians, and administrators, release
Name of Volunteer

and forever discharge: The One World Center for Autism, Inc., and any other organization or business that partners with The One World Center for Autism, Inc. to provide services and fulfill The One World Center for Autism's Inc. mission, and all officers, directors, employees, agents and volunteers of these organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from my volunteer participation in any of the One World Center for Autism, Inc.'s services, events and/ or programs.

I hereby certify that my date of birth is _____, and I do hereby
Date- month/ day/ year

certify that to the best of my knowledge and belief that I am in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that I, the undersigned will assume full responsibility for any such action, including payment of costs.

I hereby advise that I have had all the following allergies, medicine reactions, or unusual physical conditions which should be made known to a treating physician: (If none, please write the word "none".)

_____ Signature of Volunteer	_____ Print Name	_____ Date		
_____ Address	_____ City	_____ State	_____ Zip code	_____ Phone

If Volunteer is under the age of 18 Parental Permission is required:

_____ Signature of Parent	_____ Print Name	_____ Date		
_____ Address	_____ City	_____ State	_____ Zip code	_____ Phone