



MENDOCINO COAST HOSPITAL FOUNDATION

Waiver and Release. I, the undersigned Volunteer, understand and acknowledge that this waiver discharges the Mendocino Coast Hospital Foundation and Mendocino Coast District Hospital from any liability or claim that I, the Volunteer, may have against them with respect to personal injury, illness, damage sustained to personal vehicle(s) or equipment during my participation in the event(s) listed below. I also hereby swear to being over 21 years of age.

By my signature below, I declare that I have read, understand, and agree with the 2017 Volunteer Agreement and will strive to fulfill all the parts therein.

Event(s) I am volunteering for:

- Cowboy Party, Thursday-Sunday, May 4-7, 2017 (duties may include set-up, event, tear-down - dates & times TBA)
- A Pinot Noir Celebration, Friday, September 8, 2017 (times TBA)
- Friday Night VIP Auction Preview Reception, Friday, September 8, 2017 (times TBA)
- Winesong, Saturday, September 9, 2017 (times TBA)
- Office projects, weekdays throughout the year, emphasis on June-September
- Other: _____

Your Name: _____

Captains Name if known: _____

Team or Volunteer Position if known: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

I am ___ am not ___ a MCDH employee.

I certify that all the information above is accurate and true.

Signature _____ Date: _____

You may scan and email your saved form to: ellen@winesong.org or fax it to: (707) 961-4975 or you may mail it to or drop it by the WineSong office at 775 River Drive, Fort Bragg, CA 95437. The office is open Mon-Fri, 9am-5pm. To reach Ellen by phone, call: (707) 961-4688.

Thank you for making a difference!