



Accidents & Injuries

I understand and agree that the Health Department, Guilford County and staff will be held harmless in any accident or injury to me while I participate in program activities as a volunteer, student or intern. Furthermore, I verify that I have health and accident insurance as required by my placement with Guilford County as follows:

Company: _____

Policy Number: _____

Effective Date: _____

Expiration Date: _____

Attest:

Volunteer/Student/Intern

Date

Supervisor/Witness

Date