



Medical Reserve Corps Liability Waiver



I, _____ agree to serve as a volunteer in the Medical Reserve Corps under the guidance of the Monroe County Health Department's MRC for event response activities undertake. I will be willing to provide my services/skills and if applicable, my emergency health and medical care as may be required within my professional licensure and experience

In making this offer of my personal and/or professional service, I agree and/ or understand that I will

1. Perform my volunteer services and activities under the direction and guidance of the Monroe County MRC and performing my services consistent with the values, ethics, and best practice standards of including my profession (if applicable) and within the structure and limitations of my licensure/certification.
2. Waive any claims for compensation from Monroe County for any services performed related to my Medical Reserve Corps assignments.
3. Be responsible for any cost or treatment of illness or pre-existing medical condition that is not directly related to the performance of my Medical Reserve Corps duties and responsibilities.
4. Maintain (if applicable) my current licensure, certification, or registration pertaining to my medical or public health duties related to my Medical reserve Corps assignments or duties. I agree to report any cancellation or lapse in all current licensure, certification, or registration as it relates to my medical participation in the Medical Reserve Corps.
5. Successfully complete the Medical Reserve Corps training curriculum as established by the United States Surgeon General and administered by the Monroe County MRC.

Printed Name: _____ Date: _____

Signature: _____

Approved by: _____ Date: _____