



**Día de la Mujer Latina, Inc.**  
**Venus Ginés, Founder/CEO**  
**5755A Lawrenceville Highway, Tucker, Ga. 30084**  
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**Email: [diadelamujer@bellsouth.net](mailto:diadelamujer@bellsouth.net) [www.diadelamujerlatina.org](http://www.diadelamujerlatina.org)**

Dear Dedicated Volunteer,

Good news/Buenas noticias! At our annual Día de la Mujer Latina health fiesta, hundreds of poor, medically underserved folks will receive preventative health education and screening – that would have been otherwise unattainable. Thank you for your interest in volunteering your time, energy and resources to help save a life!

Please take a few moments to complete this form, review our project, share in the vision, and help us save lives. You will have the opportunity to participate, either with your presence, your skills and/or your donation. Please feel free to call us for additional information.

Venus Ginés, CEO/Founder

#### CONFIDENTIALITY STATEMENT

I have agreed to be a volunteer, with Día de la Mujer Latina, Inc. I may have access to confidential information regarding the participants. In consideration of being allowed to be part of this event, I agree and promise that I will keep in confidence any and all information. Should violation of this agreement occur, I understand that I will be asked to leave the organization immediately and appropriate action will take place.

#### PICTURE PERMISSION

Please check the appropriate box to indicate whether you grant permission to Día de la Mujer Latina, Inc., to include your picture for publicity purposes of upcoming events.

Permission granted to include my picture.

Permission denied.

#### WAIVER & RELEASE

I, the participant, release and forever discharge and hold harmless Día de la Mujer Latina, the Medical Providers, Partners, Sponsors and volunteers, and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer activities at the Health Festival. I, the participant, understand and acknowledge that this Release discharges Día de la Mujer Latina, the Medical Providers, Partners, Sponsors and volunteers from any liability or claim that I may have against at the Health Festival with respect to bodily injury, personal injury, illness, death or property damage that may result from participation at the Health Festival. It is also understood that Día de la Mujer Latina, the Medical Providers, Partners, Sponsors and volunteers do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage. By means of my signature below, I agree that Día de la Mujer Latina, the Medical Providers, Partners, Sponsors and volunteers shall not incur civil liability for any act or omission, negligent or otherwise, which results in injury, illness, death, or loss of property.

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date