

NURSE'S PROFESSIONAL LIABILITY DISCLOSURE

The Camp & Retreat Ministry Board is always concerned about protecting the welfare of both volunteers, campers and paid staff. In an effort to protect all concerned, you as a professional volunteer are being asked to sign this Disclosure. By so doing, you state your awareness of, and agree to the conditions under which you serve.

As a volunteer camp nurse, I understand that the Susquehanna Conference, The United Methodist Church carries no professional liability insurance on me for practicing my profession, and is therefore in no way liable for any malpractice on my part. I further understand that for the dates that I serve as a camp volunteer, I must be currently licensed as a nurse within the state of Pennsylvania.

(Nurse's signature)

____/____/____
(date)

(Dean's signature)

____/____/____
(date)