

## **VOLUNTEER WAIVER**

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on date	·
Please read, complete, and sign the following form to participate in this event.	
VOLUNTEE	R INFORMATION (PLEASE PRINT CLEARLY)
Name:	
Address:	
Phone: F	E-mail:
(Optional if you would like us to cont	tact you for future volunteer opportunities)
EMI	ERGENCY CONTACT INFORMATION
Name:	
Relationship to Volunteer:	Phone:
	VOLUNTEER AGREEMENT
	nless Walden's Ridge Civic League, Inc. and their successors from any and ents or expenses upon any damage, loss or injury to me or to my property vent.
I acknowledge that I am fully aware of medical condition that prevents me from	f any and all risks posed by these volunteer activities and that I have no om engaging in them.
I also give permission to be photograp the internet or through other media or	whed by project partners or the media for use in printed materials, through utlets.
In signing below, I acknowledge that I have read and understand this volunteer agreement.  Signature:	
NOTE: If the volunteer is under the aş	ge of 18, a parent or legal guardian must sign.
Minor's Name:	
Minor's Name:	
Parent Signature	