



# ADVOCATING MAINTAINING UNITY WITH SPECIAL NEEDS AND EVERYONE

An organization that aims for Autism acceptance through art, music, and kindness.

## Creating Connections!

Hi! Thank you for your interest in volunteering, we are already grateful for the thought of you helping us in our event! Please answer the questions below:

### PART 01: VOLUNTEER'S INFORMATION

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Contact Number: \_\_\_\_\_

If below 18, please have your parent/s or guardian sign here: \_\_\_\_\_  
*Name and Signature*

Parent/s or Guardian's Contact Number: \_\_\_\_\_

- Please explain briefly any experience with Autism or Special Needs:

\_\_\_\_\_  
\_\_\_\_\_

- Explain any volunteer experience:

\_\_\_\_\_  
\_\_\_\_\_

- Please explain brief description of how you feel you can best assist; with kids, with registration set-up, break-down, help with transportation, or if you are open to any task:

\_\_\_\_\_  
\_\_\_\_\_

- What dates and times are you available?

\_\_\_\_\_  
\_\_\_\_\_

AMUSE Foundation is a qualified 501 (c)(3) (Tax ID: 850526302) tax-exempt organization and donations are tax-deductible to the full extent of the law. No goods or services were provided for this gift. Please consult your tax advisor regarding specific questions about your deductions. AMUSE Foundation cares and protects your privacy, the information you provide to AMUSE Foundation will only be used as described in our privacy policy.



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## VOLUNTEER WAIVER & RELEASE OF LIABILITY FORM FOR UNDERAGE VOLUNTEERS

In return for being allowed to participate in AMUSE Foundation's (AMUSE4AUTISM) volunteering activities and all related activities, including any activities accidental to such participation (Volunteer Activities), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue AMUSE Foundation (AMUSE4AUTISM) or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that AMUSE Foundation (AMUSE4AUTISM), its officers, and fellow volunteers, are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless AMUSE Foundation (AMUSE4AUTISM) for all claims arising out of my participation in the Volunteer Activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I also acknowledge that AMUSE Foundation (AMUSE4AUTISM) has not arranged and does not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns.

I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities. I also understand that this document is a contract that grants certain rights to and eliminates the liability of AMUSE Foundation (AMUSE4AUTISM).

AMUSE Foundation feels it is important that participant understands the nature and inherent risks involved in participating in these activities, the participant acknowledges fulfilling their taken precautions to mitigate the spread of any virus or pathogen.

Name and Signature of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

***I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.***

Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

***I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.***

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I further agree that anything derived therefrom will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

Name and Signature of Volunteer: \_\_\_\_\_

Date: \_\_\_\_\_

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Name of Parent/Legal Guardian: \_\_\_\_\_

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Date: \_\_\_\_\_

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**PHOTO CONSENT: Please indicate if you prefer or not to be on camera**

Yes, I can be on camera.

No, I prefer not to be on camera.

**Yes, I agree to everything above.**

Signature of volunteer above name

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