



Volunteer Waiver and Release Form

Volunteer Name: _____

- ☐ Check here if the Volunteer is Under age 18

Contact E-Mail: _____

Parent or Legal Guardian Email: _____

Address: _____

Phone: _____

Emergency Contact

Name: _____

Relationship to Participant: _____

Phone Number: _____

**VOLUNTEERS MUST COMPLETE THE
WAIVER FORM AND RELEASE FORM**

**PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED
IF VOLUNTEER IS UNDER AGE 18**

SDYSS
1139 S Santa Fe Ave
Vista, CA
760-670-9583