



2018

Volunteer Registration Form

Volunteer Start Time: 9:00am
At Rollins Park, Concord, NH

Volunteer Name: _____

Address: _____

State: _____ **Zip:** _____ **Home:** _____ **Cell:** _____

DOB: _____ **E-Mail:** _____

Emergency Contact & Relationship: _____

Emergency Contact Phone: _____

Are you volunteering with a group? Name of the group: _____

PLEASE READ CAREFULLY:

In consideration of me and/or my minor child being permitted to participate in the NH Hears Walkathon, I hereby - for myself, my heirs and personal representatives - assume all risks that might be associated with the event. I further waive, release, and discharge any claim against sponsoring agencies and companies, staff and volunteers, or other representatives or their successors for any injuries or damages to my person and/or my minor child or property while a participant and/or volunteer in this event. This waiver also applies to on or off the premises at any time during the event. I also consent to the use of photos, film or videotape taken of me and/or my minor child to be used by NH Hears and/or NDHHS (Northeast Deaf and Hard of Hearing Services) for publicity and public education purposes.

Volunteer Signature: _____

(Parent or guardian if under 18)

Please return this form by September 1, 2018. You may e-mail to mail@nhhears.org or send to NH Hears, 14 South Street, Concord, NH 03301