



2018 Volunteer Waiver Form

Sunday, September 16, 2018

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 Name (Please print): _____

Volunteer Signature: _____ Date: _____
(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