

CLASS B - EVENT VOLUNTEER RELEASE FORM

(Class B: Si	ngle day, Single event/Fundraiser, Healthy Athle	tes)	
NAME:	FIRST:	LAST:	
STREET A	ADDRESS:		
CITY/STA	TE/ZIP:		
PHONE:		E-MAIL:	
COUNTY:			
COMPANY/SCHOOL/ORGANIZATION:			
EMERGEN	NCY CONTACT:	PHONE:	
AGE RAN Volunteer	GE: □ UNDER 15 □ 15-17 rs under 15 must be accompanied by an adult	☐ 18 and Older	
EVENT:		EVENT DATE:	
WOULD Y	OU LIKE MORE INFORMATION ABOUT ONGO	ING VOLUNTEERING?	res 🗆 no
The relation that my vol Special Oly accept my a I grant Special Special Oly accept my a I (and/or madministratian applicable, liability, and participatin Released P	n that could affect my application unfavorably. It is volunteer if I provided any incorrect information in the provided any incorrect information in the provided any incorrect information in the provided and incorrect information in the provided and the provided and the provided and the provided application for volunteer with or without cause. It is a considered and the provided and the provide	olunteers is an "at will" arrangementh or without notice or cause, at Olympics Louisiana may, in its so permission to use my likeness, na and Special Olympics, Inc.'s was mission and to raise funds for so to sue, and hold harmless Special Olympics, other participants, sponsed Parties") on which the activitional (and/or my minor children) may or anyone on my behalf, make ach of the Released Parties from	nent, and I understand any time, at the option of ole discretion, decline to voice and words in or on vebsite(s) or in any other Special Olympics. I cial Olympics, its sors, advertisers, and if y takes place from all y incur as a result of es a claim against any of the
deco		NDERSTAND THIS RELEASE.	
VOLUNTE	EER'S SIGNATURE:		ATE:
PARENT/	GUARDIAN'S SIGNATURE IF VOLUNTEER IS A	MINOR:	DATE:
PRINTED NAME OF PARENT/GUARDIAN:			
PHOTO ID	/VOLUNTEER IDENTITY VERIFICATION:		
		Yes 🗆 No Ini	itials