

CLASS B - EVENT VOLUNTEER RELEASE FORM

(Class B: Single day, Single event/Fundraiser, Healthy Athletes)

NAME:	FIRST:	LAST:
STREET ADDRESS:		
CITY/STATE/ZIP:		
PHONE:	E-MAIL:	
COUNTY:		
COMPANY/SCHOOL/ORGANIZATION:		
EMERGENCY CONTACT:		PHONE:
AGE RANGE:	<input type="checkbox"/> UNDER 15	<input type="checkbox"/> 15-17 <input type="checkbox"/> 18 and Older
Volunteers under 15 must be accompanied by an adult		
EVENT:	EVENT DATE:	
WOULD YOU LIKE MORE INFORMATION ABOUT ONGOING VOLUNTEERING? <input type="checkbox"/> YES <input type="checkbox"/> NO		

SPECIAL OLYMPICS LOUISIANA RELEASE

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably. I understand that Special Olympics Louisiana may refuse to allow me to volunteer if I provided any incorrect information or omission.

The relationship between Special Olympics Louisiana and volunteers is an “at will” arrangement, and I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of Special Olympics Louisiana or at my option and that Special Olympics Louisiana may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant Special Olympics Louisiana and Special Olympics, Inc. permission to use my likeness, voice and words in or on television , radio, print, film and on Special Olympics Louisiana and Special Olympics, Inc.’s website(s) or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

I (and/or my minor children) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, and if applicable, any owners and lessors of premises (the “Released Parties”) on which the activity takes place from all liability, any losses, claims, demands, costs or damages that I (and/or my minor children) may incur as a result of participating and further agree that if, despite this Release, I, or anyone on my behalf, makes a claim against any of the Released Parties, I will indemnify, save and hold harmless each of the Released Parties from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I/WE HAVE READ AND UNDERSTAND THIS RELEASE.

VOLUNTEER’S SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN’S SIGNATURE IF VOLUNTEER IS A MINOR: _____ **DATE:** _____

PRINTED NAME OF PARENT/GUARDIAN: _____

PHOTO ID/VOLUNTEER IDENTITY VERIFICATION:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Initials _____
Valid Photo ID Presented or Visual ID Check performed:			