



## VOLUNTEER SIGNUP & RELEASE FORM

Return to [kcicerchi@donoralliance.org](mailto:kcicerchi@donoralliance.org) before June 24, 2014

### Volunteer Information:

Full Name: \_\_\_\_\_

Volunteer Position: Walker in the Donate Life Wyoming unit of the Central WY Fair & Rodeo Parade

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

T-Shirt Size (please circle): Youth M S M L XL XXL

Do you or does someone in your family have a connection to organ, eye and tissue donation? If so, please explain here (e.g. Kidney recipient; Father was an organ donor): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I wish to walk in the Central Wyoming Fair & Rodeo Parade with Donor Alliance on Tuesday, July 8, 2014. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property.

Knowing this and in consideration of being allowed to volunteer, I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY PERSONAL INJURY AND/OR PROPERTY DAMAGE THAT I SUSTAIN OR CAUSE DURING MY PARTICIPATION AS A VOLUNTEER. IN ADDITION, I HEREBY RELEASE, HOLD HARMLESS, AND COVENANT NOT TO FILE SUIT AGAINST STRATEGIC EVENT MANAGEMENT (DONOR ALLIANCE) AND ANY OF THEIR EMPLOYEES, VOLUNTEERS, PARTNERS, AGENTS, SPONSORS, AND SUCCESSORS FROM ANY AND ALL LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY SERVICE AS A VOLUNTEER.

\_\_\_\_\_  
Printed Name of Volunteer

\_\_\_\_\_  
Volunteer Signature Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18) Date