



Volunteer Waiver Form

Thank you for volunteering!

Please print clearly.

First Name: _____ Last Name: _____

Email address: _____ Phone: _____

My signature below indicates that I will abide by all of the guidelines governing the Lace Up for Learning event as indicated below. I understand that the event will occur rain or shine. I also understand that there are risks of illness, injury and property damage inherent in any activity and, in consideration of being invited to participate in this event, I hereby indemnify and hold harmless Lace Up for Learning, Families in Training and its principals, agents, members, beneficiaries, officers, partners, directors, employees, assigns and those others with which said event contracts for this event from and against any and all such claims arising in connection with my participation in this event. I understand that all volunteers must be at least 16 years of age. I understand that volunteers are critical to the success of this event and I intend to be fully responsible, to be on time and stay for my entire shift. If I am unable to volunteer, I will notify the event of the replacement I secure. . Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

Liability Waiver Must Be Signed:

Participant Signature: _____ Date: _____

Signature (Parent or Guardian if under 18): _____ Date: _____