# Volunteer Liability Release Form:

*(This form will be kept on file until you notify us to change or terminate.)*

Name (please print)_____

Mailing Address_____

Town, State, Zip_____

Daytime Phone_____  Evening Phone_____  Cell Phone_____

Email (optional)_____(for Journey to the North Pole newsletters, updates, etc.)

School or Business_____  Year in School_____

**Volunteer Contract:** *Volunteers must be at least 13 years old.*

*I agree to volunteer for community service with The Believe in Books Literacy Foundation and agree to follow all instructions, observe all safety issues, and agree to all obligations associated with the organization's programs and objectives. I also agree to honor the dates and times to volunteer indicated in any assignment agreed to as my commitment, and if there is an emergency which causes me to not be able to carry out my obligations on a particular date, that I will find my own substitute. I also will hold the Believe in Books Literacy Foundation harmless and not responsible for any and all liabilities, including personal injury and mental issues as well as with any contractors associated with the B.I.B.L.F. for the purposes of producing events and programs.*

**Permission for inclusion in Public Relations:** I give permission to be photographed/filmed for press releases or other media coverage in relation to the Foundation's activities if the occasion should arise.

Signature_____ Date_____

**Permission to Participate (students):**

I give permission for my student/minor_____, to participate in programs and events of the Believe in Books Literacy Foundation and understand his/her obligations. I also will not hold The Believe in Books Literacy Foundation legally obligated or responsible, or any contractor associated with any of the programs or events.

** We ask that you emphasize with the person you taking responsibility for, the need to honor their commitments for the assignments and responsibilities that they sign up for. Please check any family plans to be sure those dates are available. We will be depending on their participation and presence.

Parent/Legal Guardian Signature _____Date _____

**Believe in Books Literacy Foundation**

"Supporting Literacy Initiatives throughout New England"

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