



# VOLUNTEER SIGN-IN

Please **PRINT** and **SIGN** name

**Liability Waiver and Photo Release for minors age 18 or under and parent/guardians**

Project Name \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

**Liability waiver:** I, as the parent/guardian of a minor, acknowledge that our participation is completely voluntary on our part and is being undertaken without promise or expectation of compensation. I hereby release and discharge the City of Bloomington, Indiana, its affiliates, associates, and agents and any participating organizations, for any claims for damages or injury we may incur resulting from our participation in this voluntary community service event. I understand that our participation involves risk of injury and that illness may result directly or indirectly from my participation. I further state that we are in proper condition for participating in these events

**Photo Release:** I give my permission to the City of Bloomington, Indiana, Service for Peace, and the Corporation for National and Community Service to reproduce any photographs or video taken during this project. I understand that this material may be used in various publications, recruitment materials or for other related endeavors. This material may also appear on the City of Bloomington, Indiana and/or Service for Peace, and/or Corporation for National and Community Service websites. I realize that I will receive no financial compensation for the use of this material. (Please print "NO PHOTOS" next to name to opt out of photo release.)

**I have read the above and make the following release for myself and my dependent.**

	PRINT PARENT/GUARDIAN NAME	NAME OF MINOR (age 18 or younger)	RELATIONSHIP TO MINOR	ADDRESS	PHONE	EMAIL	Send me the weekly Volunteer Network Opportunities Update via email	PARENT/GUARDIAN SIGNATURE
1							<input type="radio"/> yes <input type="radio"/> no	
2							<input type="radio"/> yes <input type="radio"/> no	
3							<input type="radio"/> yes <input type="radio"/> no	
4							<input type="radio"/> yes <input type="radio"/> no	
5							<input type="radio"/> yes <input type="radio"/> no	
6							<input type="radio"/> yes <input type="radio"/> no	
7							<input type="radio"/> yes <input type="radio"/> no	
8							<input type="radio"/> yes <input type="radio"/> no	
9							<input type="radio"/> yes <input type="radio"/> no	
10							<input type="radio"/> yes <input type="radio"/> no	



# VOLUNTEER SIGN-IN

Please **PRINT** and **SIGN** name

**Liability Waiver and Photo Release for minors age 18 or under and parent/guardians**

Project Name \_\_\_\_\_ Date \_\_\_\_\_ Location \_\_\_\_\_

**Liability waiver:** I, as the parent/guardian of a minor, acknowledge that our participation is completely voluntary on our part and is being undertaken without promise or expectation of compensation. I hereby release and discharge the City of Bloomington, Indiana, its affiliates, associates, and agents and any participating organizations, for any claims for damages or injury we may incur resulting from our participation in this voluntary community service event. I understand that our participation involves risk of injury and that illness may result directly or indirectly from my participation. I further state that we are in proper condition for participating in these events

**Photo Release:** I give my permission to the City of Bloomington, Indiana, Service for Peace, and the Corporation for National and Community Service to reproduce any photographs or video taken during this project. I understand that this material may be used in various publications, recruitment materials or for other related endeavors. This material may also appear on the City of Bloomington, Indiana and/or Service for Peace, and/or Corporation for National and Community Service websites. I realize that I will receive no financial compensation for the use of this material. (Please print "NO PHOTOS" next to name to opt out of photo release.)

**I have read the above and make the following release for myself and my dependent.**

	PRINT PARENT/GUARDIAN NAME	NAME OF MINOR (age 18 or younger)	RELATIONSHIP TO MINOR	ADDRESS	PHONE	EMAIL	Send me the weekly Volunteer Network Opportunities Update via email	PARENT/GUARDIAN SIGNATURE
1							<input type="radio"/> yes <input type="radio"/> no	
2							<input type="radio"/> yes <input type="radio"/> no	
3							<input type="radio"/> yes <input type="radio"/> no	
4							<input type="radio"/> yes <input type="radio"/> no	
5							<input type="radio"/> yes <input type="radio"/> no	
6							<input type="radio"/> yes <input type="radio"/> no	
7							<input type="radio"/> yes <input type="radio"/> no	
8							<input type="radio"/> yes <input type="radio"/> no	
9							<input type="radio"/> yes <input type="radio"/> no	
10							<input type="radio"/> yes <input type="radio"/> no	