

Volunteer Waiver Form

Please return this form to Geni Peterson Henry or e-mail prior to your volunteer job with the SCVAA Running Warriors.

Volunteer Name: _____

Volunteer Position: _____

Volunteer Phone Number: _____

Date: _____

Waiver

In signing this release, I (we) understand the intent thereof, and I (we) hereby and absolve and hold harmless the SCVAA Running Warriors, Canyon High School, cooperating organizations and any other parties connected with this event in any way, singly or collectively, from and against any blame and liability injury, misadventure, harm, loss, inconvenience or damage hereby sustained as a result of participation in the event or any activities associated therewith.

In addition to giving full consent for my participation. I do hereby waive, release and hold harmless the SCVAA Running Warriors, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by me in the normal course of participation in volunteering and the activities incidental thereto, whether the result of negligence or any other cause.

I (we) give full permission for use of my name and/or photograph in connection with this event.

I also confirm that the information I have provided is correct.

Signature: _____

(If under 18*, signature of parent / guardian)

***If the volunteer is under 18 years of age, a parental consent form MUST be signed in order for them to participate as a volunteer. Please fill out all parts of this form.**

EMERGENCY INFORMATION

Known Medical Conditions and /or Allergies: _____

Emergency Contact: _____

Relationship: _____ **Phone:** _____

Address: _____

Parental Consent Form

For volunteers under the age of 18, please have parent or guardian fill in and sign this form.

Name (Volunteer) _____

Address _____

City _____

Postal Code _____

Telephone (h) _____ **(w)** _____

E-mail Address _____

I (parent or guardian) _____ give

permission for (name of volunteer) _____

to volunteer for the SCVAA Running Warriors for the following

position(s): _____

Signature of parent/guardian _____

Signature of volunteer _____

Date _____