

Community Project Volunteer Waiver Form

Volunteer Information

Full Name

Address

Email

Phone Number

Emergency Contact

Contact Name

Contact Phone

Waiver & Release of Liability

I, the undersigned, acknowledge and agree that participation in the Community Project is voluntary and may involve physical activity or possible risk of injury. In consideration for being allowed to participate, I hereby release and hold harmless the organizers, sponsors, their employees, agents, and affiliates from any and all liability, claims, or causes of action for personal injury, illness, or property damage occurring during my participation.

I have read and agree to the above waiver and release of liability.

Volunteer Signature

Date: _____

Parent/Guardian Signature (if under 18)

Date: _____

