

Volunteer Assumption of Risk Form

Community Event Participation

Thank you for volunteering in our community event. This form is intended to inform you of possible risks and to confirm your understanding and acceptance of those risks as a volunteer.

Volunteer Information

Full Name

Date of Birth

Phone Number

Email Address

Assumption of Risk

I acknowledge and understand that volunteering for community events may include physical activities and interaction with equipment, tools, or other individuals, which may present risks of injury or harm.

- I voluntarily assume all risks associated with participating as a volunteer.
- I agree to follow all safety instructions and event rules provided by organizers.
- I certify that I am physically able to participate in volunteer activities.
- I waive and release organizers, sponsors, and partners from liability for any injury or harm resulting from participation, except in cases of gross negligence.

Emergency Contact

Contact Name

Phone Number

Relationship

Volunteer Acknowledgement & Signature

By signing below, I confirm that I have read, understood, and agree to the terms described above. I am volunteering at my own risk.

Volunteer Signature

Date

If under 18, parent/guardian signature:
