EVENT VOLUNTEER RELEASE FORM (VOLUNTEER SIGN-IN SHEET)

In order to participate, each volunteer must read the release below, complete personal information, and sign.

Event: _____

Venue/Location: _____

Date: _____

Special Olympics Virginia

Special Olympics Virginia Release

I/we understand that the applicant will be using facilities at his/her own risk and I/we hereby release, discharge, indemnify and hold harmless Special Olympics Virginia (SOVA) from all liability for injury or accident to person or damage to the applicant's property. I/we understand that the applicant's volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of SOVA or at my/our option and that SOVA may, in its sole discretion, decline to accept the applicant for volunteering with or without cause. I/we grant SOVA and Special Olympics, Inc. (SOI) permission to use the applicant's likeness, voice, and words in or on television, radio, film, and on SOVA and SOI's Websites, or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics. In the course of volunteering for SOVA I may be dealing with confidential information regarding athletes and volunteers' contact information, health, behavior and other personal information and I agree to keep said information in the strictest confidence. In signing this application, I/we have read the foregoing information and I/we agree to comply with the Volunteer Code of Conduct and all Special Olympics rules and regulations of the organization.

FIRST NAME	LAST NAME	GROUP	E-MAIL ADDRESS To NOT receive news & volunteer information from SOVA, check the box beside your e-mail address.	I have read the release above. Your signature is required to volunteer. Parent or guardian must sign for minors.	Photo ID verified
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