



VOLUNTEER WAIVER

PLEASE PROVIDE ALL INFORMATION

I voluntarily agree to participate, or for my minor age child to participate, in **HandsOn Santa Clarita's 9/11 Day of Service and Remembrance**. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above-named activity, against the location supervisor, HandsOn Santa Clarita and their elected and appointed officials, agents, employees and sponsors. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to HandsOn Santa Clarita and all sponsors to take and use my, or my child's, photographs as they see fit in their marketing materials. I understand all photographs belong to the previously listed organizations and I will not receive payment of any kind.

PROJECT SITE: _____

AGE _____

I, (Volunteer's name) _____ residing at
(Clearly print name)

_____, _____, CA, _____
(Print street address, City and Zip Code)

Phone: _____

Email: _____

Hereby agree to the Volunteer Agreement set forth on this _____ day of _____, 2018

I am an adult (18 years or older): Volunteer Signature _____

I am a minor: Parent/Guardian Name _____
(Clearly print parent/guardian name)

Parent Guardian Signature _____
(Required for minor volunteer to participate)