

FCSO CLASS B - EVENT VOLUNTEER FORM

(Class B: Single day, Single event/Fundraiser, Healthy Athletes)



NAME:	FIRST:	LAST:
STREET ADDRESS:		
CITY/STATE/ZIP:		
PHONE:	E-MAIL:	
COMPANY/SCHOOL/ORGANIZATION:		
EMERGENCY CONTACT:		PHONE:
AGE RANGE:	UNDER 15 <input type="checkbox"/>	15-17 <input type="checkbox"/> 18 and Older <input type="checkbox"/>
Volunteers under 15 must be accompanied by an adult		
EVENT:		Shirt Size:
Volunteer Position (Example: Teacher, Aide, RN/LPN, Buddie, general) :		

FRANKLIN COUNTY SPECIAL OLYMPICS RELEASE

I certify that the information provided is true and complete to the best of my knowledge. I have not withheld any information that could affect my application unfavorably. I understand that Franklin County Special Olympics (FCSO) may refuse to allow me to volunteer if I provided any incorrect information or omission.

The relationship between Franklin County Special Olympics (FCSO) and volunteers is an "at will" arrangement, and I understand that my volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of FCSSO or at my option and that FCSSO may, in its sole discretion, decline to accept my application for volunteer with or without cause.

I grant FCSSO and Special Olympics, Inc. permission to use my likeness, voice and words in or on television, radio, print, film and on FCSSO and Special Olympics, Inc.'s website(s) or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

I (and/or my minor children) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, other participants, sponsors, advertisers, and if applicable, any owners and lessors of premises (the "Released Parties") on which the activity takes place from all liability, any losses, claims, demands, costs or damages that I (and/or my minor children) may incur as a result of participating and further agree that if, despite this Release, I, or anyone on my behalf, makes a claim against any of the Released Parties, I will indemnify, save and hold harmless each of the Released Parties from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

I/WE HAVE READ AND UNDERSTAND THIS RELEASE. (To be filled out at check-in)

VOLUNTEER'S SIGNATURE: _____	DATE: _____
PARENT/GUARDIAN'S SIGNATURE IF VOLUNTEER IS A MINOR: _____	DATE: _____
PRINTED NAME OF PARENT/GUARDIAN: _____	

PHOTO ID/VOLUNTEER IDENTITY VERIFICATION:

Valid Photo ID Presented or Visual ID Check performed: Yes No