



College of Western Idaho Volunteer Release Form

I, the undersigned, have volunteered to perform the service(s), listed below, for the following College of Western Idaho ("CWI") sponsored event/activity, without compensation of any kind, and in accordance with the following understandings:

THIS FORM IS VALID FOR (CWI Department)		FOR THIS/ THESE DATE(S) ONLY
LOCATION(S)/ CAMPUS		
SERVICE(S) PERFORMED		
RISK CATEGORY (LOW, HIGHER, PROHIBITED)	ESTIMATED NUMBER OF HOURS WORKED	

AUTHORIZED VOLUNTEER SPONSOR/SUPERVISOR NAME, TITLE

AUTHORIZED VOLUNTEER SPONSOR/SUPERVISOR SIGNATURE

PERSONAL INFORMATION

VOLUNTEER NAME (PRINT)

DATE OF BIRTH

VOLUNTEER ADDRESS

CITY / TOWN

ZIP CODE

VOLUNTEER PHONE NUMBER

DATE

EMERGENCY CONTACT INFORMATION

In the event it becomes necessary, please provide the following Emergency Contact Information: (*contacts*)

PRIMARY EMERGENCY CONTACT

NAME

PHONE #

RELATIONSHIP

ADDRESS

CITY

STATE

ZIP CODE

SECONDARY EMERGENCY CONTACT

NAME

PHONE #

RELATIONSHIP

ADDRESS

CITY

STATE

ZIP CODE

I understand that I am participating solely as a volunteer and am afforded no benefits, coverages or compensation as an employee.

I understand that there may be potentially hazardous activities involved and understand that unless I am medically able and properly trained, I should not participate in this event.

I understand the health and physical requirements for this event and certify that I know of no physical condition or limitation that will affect my ability to perform.

I agree to abide by all College of Western Idaho rules and regulations, policies and procedures, and the decisions of any CWI official.

I alone assume all risks associated with participating in this event, and voluntarily sign this Waiver and Release, and I, for myself and anyone authorized to act on my behalf waive and release College of Western Idaho, its officers, directors, agents, employees and volunteers, from any and all claims and liabilities arising out of my participation in this event.

In signing this agreement I hereby agree to, and fully understand all of the above conditions as outlined above.

I certify that I **am** _____ **am not** _____ eighteen (18) years of age.

VOLUNTEER NAME

DATE

VOLUNTEER SIGNATURE

(Parent must sign if participant is under the age of 18)

PARENT/GAURDIAN NAME

DATE

PARENT/GAURDIAN SIGNATURE

Photo Media Release (Complete only if you want your photos to be used).

I, the undersigned, grant College of Western Idaho, Office of Student Enrichment, and persons acting through them, the right to use reproduces, assign, and/or distribute photographs, Films, videotapes, and sound recordings of me for use in materials they may create.

VOLUNTEER NAME

DATE

VOLUNTEER SIGNATURE

(Parent must sign if participant is under the age of 18)

PARENT/GAURDIAN NAME

DATE

PARENT/GAURDIAN SIGNATURE