



Human Resources | hr@cwidi.edu | Phone: 208.562.3287
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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): _____ Date(s): _____

Location(s)/Campus: _____ Service(s) Performed: _____

Risk Category (Low, Higher, Prohibited): _____ Estimated # 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:

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 conditions as outlined above. I certify that I am ____ am not ____ over eighteen (18) years of age.

Volunteer Name

Date

Volunteer Signature

Parent/Guardian Name
(Parent must sign if participant is under 18)

Date

Parent/Guardian Signature

PHOTO MEDIA RELEASE (Complete only if you want your photos to be used)

Volunteer Name

Date

Volunteer Signature

Parent/Guardian Name
(Parent must sign if participant is under 18)

Date

Parent/Guardian Signature

