



VOLUNTEER INFORMATION AND RELEASE FORM

PLEASE PRINT CLEARLY. ALL INFORMATION IS REQUIRED.

Name _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Home or Cell Phone Number _____ Work Number _____

Fax Number _____ Email _____

Emergency Contact Information:

Name _____ Relationship _____

Phone Number _____

Do you have any health issues that we should be aware of? _____

RELEASE AND WAIVER OF LIABILITY

I wish to volunteer for participation in Lose the Training Wheels to help children with special needs learn to use a bicycle without the use of training wheels. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, **I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY PERSONAL INJURY AND/OR PROPERTY DAMAGE THAT I SUSTAIN OR CAUSE DURING MY PARTICIPATION AS A VOLUNTEER. IN ADDITION, I HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO SUE LOSE THE TRAINING WHEELS, INC. AND/OR ANY OF ITS DIRECTORS, OFFICERS, BOARD MEMBERS, EMPLOYEES, AGENTS, PARTNERS, ATTORNEYS, VOLUNTEERS, INVITEES, SPONSORS,**

AFFILIATES, CASH DONORS, AND IN-KIND DONORS, KNOWN OR UNKNOWN, FROM ANY AND ALL LOSS, LIABILITY OR CLAIMS THAT I MAY HAVE ARISING OUT OF MY SERVICE AS A VOLUNTEER.

Printed name of volunteer: _____

Volunteer's Signature: _____

Parent's or Guardian's Signature: _____
(If volunteer is under age 18)

Date: _____