Class B Event Volunteer Sign-In & Release Sheet

(Single Day/Event/Fundraiser, Healthy Athletes, Drivers on behalf of Special Olympics not transporting athletes)

Event: _____

Venue/Location: _____

Date: _____

Special Olympics Maine Release: I/we understand that the applicant will be using facilities at his/her own risk and I/we hereby release, discharge, indemnify and hold harmless SOME from all liability for injury or accident to person or damage to the applicant's property. I/we understand that the applicant's volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of SOME or at my/our option and that SOME may, in its sole discretion, decline to accept the applicant for volunteering with or without cause. I/we grant SOME and Special Olympics, Inc. (SOI) permission to use the applicant's likeness, voice, and words in or on television, radio, film, and on SOME and SOI's Websites, or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics. In the course of volunteering for SOME I may be dealing with confidential information regarding athletes and volunteers' contact information, date of birth, social security number, health, behavior and other personal information and I agree to keep said information in the strictest confidence. In signing this application, I/we have read the foregoing information and I/we agree to comply with the Volunteer Code of Conduct and all Special Olympics rules and regulations of the organization.

First Name	Last Name	Group	Email Address (Check box to right to receive news & info from SOME)	X	**I've read the release above.** Your signature is required to volunteer (Parent/Guardian required for Minor)	**Photo ID verified**