

Attack Poverty | Volunteer Event/Activity Waiver

Location:

I understand that my participation is voluntary. I am aware of the risks and hazards inherent in participating and do hereby release and hold harmless Attack Poverty and it's "Friends of" locations, volunteers, affiliates, and employees of all liability with regard to any physical or emotional harm that I may sustain during the time I volunteer.

GROUP NAME	EVEN	IT/ACTIVITY		
if applicable				
* Please check if applicable:: My address is on file	with AP Address on	file needs to be updated with	address provided on this fo	orm
Volunteer Name		D.O.B.:	//	
Email:		Phone:		
*Address:	City	State _	Zip code	
Allergies/Reaction:				
Emergency Contact				
Name	R	elationship	Phone #	
Volunteer Signature	*Guardian Si		// Date	
List additional family members on re				
ATTACK POL BVERTY	erty Volunteer E	Event/Activity Waive Location:	r	
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* Please check if applicable:: My address is on file	with AP Address on	file needs to be updated with	address provided on this fo	orm
Volunteer Name		D.O.B.:	//	
Email:		Phone:		
*Address:	City	State	Zip code	
Allergies/Reaction:				
Emergency Contact				
Name	Re	lationship	Phone #	
	*Guardian Si		// Date	
Volunteer Signature	*เ₁แลrdian \เ	onarlire	ם דבו ו	

List additional family members on reverse - *Minors (under age 18) require guardian consent.

ADDITIONAL FAMILY MEMBERS

Name (First, Last)	D.O.B	Allergies/Reaction	
Secondary Emergency Contact:			
	Print Name	Relationship	Phone
	ADDITIONAL FAMILY MEM	BERS	
	ADDITIONAL FAMILY MEM	BERS	
Name (First, Last)	D.O.B	BERS Allergies/Reaction	
Name (First, Last)			
Name (First, Last) Secondary Emergency Contact: ——			