



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 _____ if applicable EVENT/ACTIVITY _____

* Please check if applicable: My address is on file with AP. Address on file needs to be updated with address provided on this form

Volunteer Name _____ D.O.B.: ____/____/____

Email: _____ Phone: _____

*Address: _____ City _____ State ____ Zip code _____

Allergies/Reaction: _____

Emergency Contact _____	_____	_____
Name	Relationship	Phone #
_____	_____	____/____/____
Volunteer Signature	*Guardian Signature	Date

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



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