



YOUTH VOLUNTEER REGISTRATION FORM

(To be completed by parent or guardian of each teammate.)

Team Coach: _____
(FIRST) (LAST)

Youth Volunteer Name(s): _____
(FIRST) (LAST)

(FIRST) (LAST)

(FIRST) (LAST)

Parent/Guardian Name(s): _____
(FIRST) (LAST)

(FIRST) (LAST)

E-mail Address: _____

Telephone Number: _____
(HOME) (WORK/CELL)

Address: _____
(STREET, APT. #) (CITY, STATE, ZIP)

EMERGENCY CONTACT

Name: _____

Telephone: _____

As a part of your registration for **SLANT 45**, a parent/guardian of each child participant is asked to read and sign the Acknowledgement of Risk, Waiver and Release on the next page.

Please provide the registration form and signed copy of the waiver to your project coach.

ACKNOWLEDGEMENT OF RISK, WAIVER AND RELEASE

I agree and acknowledge that the above-named persons (the "Volunteers") are volunteers for **SLANT 45**: Service Learning Adventures in North Texas and will not receive any payment for their services. The Volunteers have chosen to participate in this activity (the "Activity") on a voluntary basis with full knowledge and disclosure of the risks and hazards described below. In consideration of **SLANT 45**'s acceptance of the Volunteer's services, and as the parent and guardian of the above-named Youth Volunteers, I agree and acknowledge as follows:

1. The Activity is potentially strenuous and may present an inherent risk of personal injury or property damage. I am responsible for insuring that the Volunteers are medically fit prior to participating. I represent that each Volunteer is medically fit, has no known or suspected health conditions, including but not limited to preexisting injuries, illness or pregnancy, that prohibit or limit his or her participation in the Activity in any manner, and is not under the influence of alcohol or drugs. At all times during their participation, the Volunteers will properly utilize all recommended safety equipment and follow all recommended instructions and procedures pertaining to the Activity. While such equipment, instructions and procedures may reduce the inherent risk of the Activity, I understand that a substantial risk of personal injury or property damage may remain.

2. EACH VOLUNTEER KNOWINGLY AND VOLUNTARILY ASSUMES ALL KNOWN AND UNKNOWN RISK OF INJURY OR LOSS THAT MAY BE SUFFERED, INCLUDING BUT NOT LIMITED TO PERSONAL INJURY, DISCOMFORT, PAIN AND SUFFERING, DISABILITY, PARALYSIS, DEATH, MENTAL ANGUISH OR PROPERTY DAMAGE, IN ANY WAY CAUSED BY OR RELATED TO THE ACTIVITY, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERS. I EXPRESSLY RELEASE AND HOLD HARMLESS **SLANT 45** AND ITS PREDECESSORS, SUCCESSORS, PARENTS, SUBSIDIARIES, PARTNERS, SHAREHOLDERS, OFFICERS, DIRECTORS, MEMBERS, MANAGERS, EMPLOYEES, AGENTS, REPRESENTATIVES, CONTRACTORS, ATTORNEYS, INSURERS, AFFILIATES AND ASSIGNS (THE "RELEASED PARTIES") FROM ANY AND ALL CLAIMS, CAUSES OF ACTION, DAMAGES, EXPENSES, COSTS OR LIABILITIES OF ANY KIND (THE "LOSSES") RELATED TO OR ARISING FROM THE ACTIVITY, WHETHER ARISING FROM MY OWN NEGLIGENCE, THE NEGLIGENCE OF ANY RELEASED PARTY, OR ANY OTHER CAUSE, BOTH ON MY BEHALF AND ON BEHALF OF ANYONE CLAIMING BY, THROUGH, OR UNDER ME. I FURTHER ASSUME RESPONSIBILITY FOR ANY DAMAGE TO EQUIPMENT OR PERSONAL PROPERTY CAUSED BY THE VOLUNTEERS PARTICIPATION IN THE ACTIVITY AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES FROM ANY LOSSES RELATING TO SAME.

3. I acknowledge that transportation to and from **SLANT 45** volunteer events is not the responsibility of Big Thought.

4. I grant full permission to use photographs, portraits, films and video of me and my children, and quotations made by me or my children in Big Thought materials and in accounts of volunteering by or about Big Thought and its programs.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Please provide the registration form and signed copy of the waiver to your project coach.