

Event Day Volunteer Release Form

Name:	Event:
Email:	Phone:
Mailing Address:	City, State Zip:

SPECIAL OLYMPICS COLORADO RELEASE STATEMENT

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 SOCO from all liability for injury or accident to person or damage to the applicants 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 SOCO or at my/our option and that SOCO may, in its sole discretion, decline to accept the applicant for volunteering with or without cause.

I/we grant SOCO and Special Olympics, Int. (SOI) permission to use the applicants photograph, likeness, voice and words in or on television, radio film and on SOCO and SOI's Websites, or 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 SOCO I may be dealing with confidential information regarding athletes and volunteers' contact information, date of birth, social security number, health, behavior and other person 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.

SIGNING BELOW INDICATES THAT I/WE HAVE READ AND UNDERSTAND THIS DISCLOSURE.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE FOR MINOR:

SIGNATURE _____ **PRINT NAME** _____ **DATE:** _____