## **Volunteer Activity Insurance Waiver Form**

volunteer information
Full Name
Address
Addiess
Email
Phone Number
Activity Information
Activity Name
Date of Activity
Mairon 9 Delegas
Waiver & Release
I understand that participating in volunteer activities involves inherent risks. I hereby release, waive, and hold harmless the organizers, sponsors, and affiliates from any and all liability, claims, demands, or causes of action related to any injury, illness, or property damage arising from my participation.
I have read and agree to the terms of this insurance waiver.
Signature
Volunteer Signature
Date
<b>Duit</b>
For Minors (under 18 years old)

Parent/Guardian Signature		
Date		