

Nonprofit Volunteer Workshop Waiver

Volunteer Name

Address

Phone Number

Email

Workshop Event Details

Event Name

Date

Location

I acknowledge and understand that my participation as a volunteer in the above event is voluntary. I hereby waive any and all claims for myself and my heirs against the nonprofit organization, its officers, employees, and agents, for any injury or illness which may directly or indirectly result from my participation. I agree to abide by all applicable rules and regulations and certify that all statements made on this form are true and complete.

Volunteer Signature

Date

Parent/Guardian Signature (if under 18)

Date

