## VOLUNTEER WAIVER AND RELEASE

Participant:			
	Last	First	MI
Address:			Apt
City & State:			Zip:
Telephone: Home:		Cell:	
		reconization ("Complete"). The	
	•	rganization (Services). The v	olunteer services shall generally consist of

1. I acknowledge and agree that I am required to act and perform any services in a mature, responsible and