

SE4SK

Special Events for Special Kids

President / Trustee Jami Saraullo

Contact Number 856-264-9386

2020 SE4SK Youth Volunteer waiver and participation form

Name: _____ Phone _____

Parents name and contact number _____

Email: _____ Age _____

School _____ Grade _____

Address: _____

How did you hear about us? _____

Do you have any special talents (face painting, balloon artist, etc) _____

Have you volunteered to work with children with special needs before, if so where? _____

Do you have any disabilities? _____

******Initial after you read each statement****** Do you understand at NO time are you permitted to take any pictures/videos of the children with your phone. _____ You MUST have transportation to and from all events. _____ There will be no cigarette/vaping allowed at any of our events. _____ You are NEVER to leave with a child or take them into the bathroom. _____ If a child is having a behavior you are to step away, the parent should be with the child at all times, DO NOT INTERVEN. _____ Do you agree to do your BEST to make

sure EVERY child has a great time at our events, this could include working a game, dressing in costume, just being silly. YES NO

In consideration for or my children(s) participation, I hereby for myself and my child(ren) and our respective heirs and successors promise not to sue and forever release SE4SK A NJ NONPROFIT CORPORATION and EVERY venue that we hold an event at during the 2019 year, its officers, directors, shareholders, employees, contractors and volunteers from all liability resulting in damages or injuries incurred as a result of participation including those resulting from acts of negligence.

I am aware that individual and group photos and/or videos are taken from time to time and in considerations for my child(ren)'s participation I hereby grant my permission for such photos or videos of my child(ren) to appear on Jami Saraullo's and/or the SE4SK Facebook page, website, Twitter, Instagram and publications used to promote future events.

I have read and understand this waiver of liability and photo release and I voluntarily affix my name in agreement.

Parents, please read all of the above with your child, and agree by signing this form.

Parent/Guardian Print _____

Parent/Guardian Signature _____

Youth Volunteer Print _____

Youth Volunteer Sign _____

Date: _____

