



Susan G. Komen for the Cure Volunteer Release Form

Tri-Cities Affiliate of Susan G. Komen for the Cure

Date: _____

Name _____ Date of Birth _____

Street _____

City _____ State _____ Zip _____

Phone (_____) _____ Work (_____) _____

Fax (_____) _____ Email _____

Event _____

Time/Date Available _____

Emergency Contact Information:

Name _____ Relationship _____

Phone _____

Do you have any health issues that we should be aware of? _____

Volunteer interest/skills _____

I am available throughout the year for: Health Fairs Office Help Special Events

I would like to be recognized as a Breast Cancer Survivor: Yes No

I wish to volunteer for the _____ Tri-Cities _____ Affiliate of the Susan G. Komen Breast Cancer Foundation, Inc., DBA _____ Tri-Cities _____ Affiliate of Susan G. Komen for the Cure. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, **I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY PERSONAL INJURY AND/OR PROPERTY DAMAGE THAT I SUSTAIN OR CAUSE DURING MY PARTICIPATION AS A VOLUNTEER. IN ADDITION, I HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE TRI-CITIES AFFILIATE OF SUSAN G. KOMEN FOR THE CURE.**

Printed name of volunteer: _____

Volunteer's Signature: _____

Parent's or Guardian's Signature: _____

(If volunteer is under age 18)

Date: _____

Three simple steps for early detection are regular mamograms, clinical exams and breast self-exams.