Group Volunteer Release Form and Registration

DATE:	STARTING TIME OF PROJECT:	ENDING TIME OF PROJECT:	TOTAL # OF MANHOURS WORKED:

DESCRIPTION OF PROJECT:	PROJECT LOCATION:

COMPANY OR GROUP NAME:	MAIN CONTACT PERSON:
EMAIL:	PHONE NUMBER:

RELEASE STATEMENT

I understand that my services are being offered on a voluntary basis without anticipation of financial remuneration. I grant permission for my photo to be used in any promotional materials produced by the City of Idaho Falls. I shall indemnify and hold harmless the City of Idaho Falls, it's Council and Commissions and their officers, agents and employees from and against all claims, demands, loss of liability of any kind or nature for any possible injury incurred during volunteer service. If you are 18 and under, you need a parent or guardian signature to participate.

By signing this form, I agree to the terms of the release statement.

NAME	EMERGENCY CONTACT PHONE NUMBER	NUMBER OF HOURS WORKED

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Please Return Finished Form to:

Mason Handke | *Event Planner and Volunteer Coordinator*
520 Memorial Drive
Idaho Falls, Idaho 83402
Work: (208) 612-878

Or Scan the Finished Form and Email to:

mhandke@idahofallsidaho.gov