

**ASC Cares Day
Adams State college, Alamosa, CO**

VOLUNTEER FORM

Name of Volunteer

Mailing address

City

State

Zip Code

Home Phone

Date of Birth

Business/Occupation/School

Name of Emergency contact

Relation to volunteer

Address (if different from above)

City

State

Zip Code

Home Phone

Cell or work Phone

Waiver of Liability

I understand that Adams State College, cosponsors of this event, and participating organizations cannot be held liable for any injury or illness that I or my dependents may suffer. I expressly waive any such claim for compensation or liability on the part of Adams State College, event cosponsors, and participating organizations beyond what may be freely offered by the representative of any of these in the event of such injury or medical expense. I also allow the use of my image in photos to help share the ASC Cares Day message of service.

Signature of volunteer or parent/guardian (if under 18)

Date

Name of dependent