

Huntingdon College

Wheelin' Hawks

Volunteer Sheet

PERSONAL INFORMATION:

Youth First Name _____ Middle _____

Last Name _____

Preferred Name _____ SS# (Optional) _____

Date of Birth (M/D/Y) _____ Age _____ Male Female

Address _____

City _____ State _____ Zip Code _____

Telephone (Home) _____

Emergency Contact (Name) _____

Relation _____ Phone Number (s) _____

Volunteer For: Service _____ Class Credit _____ Education _____ Other _____

Signature (Participant)

Signature of Parent/Guardian (If Participant under 18)

Date

Date

Please Read and Initial Each Item on Reverse Side

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Please Read and Initial Each Item

Audio/Visual Consent:

I hereby consent and authorize the taking of photographs, movies, films, videotapes, tape recordings, or reproductions (collectively, "Reproductions") of the persons who are hereby applying for membership (the "Applicants") and consent to use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of Huntingdon College, including its directors, officers, agents, servants, and employees. I hereby grant and assign to Huntingdon College the right, title, and irrevocable authority and interest to such Reproductions. I waive any and all claims for compensation and waive any and all claims related to or arising out of the publication and dissemination of the same of any lawful purposes. I further authorize the communication of information concerning the undersigned in connection with the utilization of such Reproductions by Huntingdon College, its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants, and employees without claim for compensation and waive all claims related to or arising out of the publication and dissemination of the same.

_____ (initial)

Consent for Emergency Treatment:

In the event that an Applicant should sustain any injuries while participating in a Huntingdon College activity or while on the premises of Huntingdon College, the Applicant may be examined and treated by health care personnel, including examination at medical facilities. I voluntarily consent to such examination and treatment for the Applicant, and I release and forever discharge Huntingdon College, its directors, officers, staff, employees, contracted employees, agents and volunteers from any actions, suits, damages, claims, or judgments that may result from examination and treatment.

_____ (initial)

Release and Indemnity:

I hereby release and discharge Huntingdon College and all affiliated and associated organizations, together with their respective trustees, directors, officers, employees, and agents, of and from any and all demands, claims, causes of action, suits, damages, judgments, or liabilities of any kind or nature whatsoever, arising out of or in any way related to the Applicant's participation in a Huntingdon College activity, including any personal injury or death or loss or damage to property, which the Applicant may suffer or incur as a result of participation in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants, or employees of any to them. This release shall be binding upon heirs, next of kin, guardians, executors, and administrators of the Applicant. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury of damages incurred by the Applicant. In signing this release, I acknowledge and represent that I am over 19 years of age, I am of sound mind, I have read this release, understand it, and sign it voluntarily, and that this paper contains the entire agreement between myself and Huntingdon College.

_____ (initial)