

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Emergency Contact (in case of emergency, please contact):

Name	
Primary Phone	
Street Address	
City, State, Zip	

Volunteer Signature: _____ Date: _____

Please submit this form to Eric Denson, at densoneric@hotmail.com or mail to:

Dance With My Daddy
P.O. Box 31063
Cincinnati, Ohio 45231



Waiver of Release and Liability and Assumption of Risk

Name of Volunteer: _____

I understand that my participation in the Dance With My Daddy program and/or event is a voluntary activity, and that I am donating my time and my labor by my own free choice.

I agree to perform my assigned tasks in a responsible manner and attest that I am physically fit for my volunteer participation. I hereby agree to assume the risks of property damage, injury, illness, or death in any way associated with my volunteer participation. I agree to release, defend, indemnify, and hold harmless the Dance With My Daddy, its officials, employees, representatives, volunteers, and agents for any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, and arising from or in any way connected with my participation in Dance With My Daddy volunteer activities. I agree that the terms stated herein shall also serve as a waiver of liability and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I acknowledge that I have carefully read this Waiver of Liability and Assumption of Risk and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against the Dance With My Daddy in connection with my participation as a volunteer.

I grant full permission to the Dance With My Daddy to use quotations from and photographs of me in legitimate venues.

I accept the conditions printed above:

Volunteer Signature: _____ Date: _____

If under 18 years of age, please see below:

A parent or guardian signature is required if the participant is under 18 years of age. By signing this WAIVER OF LIABILITY AND ASSUMPTION OF RISK on behalf of a minor, the undersigned parent or guardian is agreeing to be bound by the above conditions on behalf of him or herself and on behalf of the participant.

Parent or Guardian Signature: _____ Date: _____