



# Komen Volunteer Release Form

Brainerd Lakes Affiliate of Susan G. Komen for the Cure

Date: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

E-mail \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

Event \_\_\_\_\_ Time/Date Available \_\_\_\_\_

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

Volunteer interest/skills \_\_\_\_\_

Do you wish to be recognized as a Breast Cancer Survivor?  Yes  No

Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

I wish to volunteer for the Brainerd Lakes Affiliate of Susan G. Komen for the Cure (the "Komen Affiliate"). 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 Komen Affiliate, Susan G. Komen for the Cure (Komen) and any of their employees, volunteers, partners, agents, sponsors, board members and successors from any and all loss, liability or claims I may have arising out of my service as a volunteer. I give my full permission to Komen and its local Affiliates and Races and their sponsors and corporate sponsors to use any photographs, videotapes, audiotapes or other recordings of me that are made during the course of this event.

I understand that as a volunteer, I may become privy to confidential information about the Komen Affiliate or Komen. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about the Komen Affiliate's or Komen's internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by the Komen Affiliate or Komen. I will not use any confidential information in any manner that would be detrimental to the Komen Affiliate or Komen, and I will avoid any actions that might impair the reputation of the Komen Affiliate or Komen.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent's or Guardian's Signature If volunteer is under age 18 )

Please mail to: Volunteer Chair, Komen Brainerd Lakes, PO Box 1057, Brainerd MN 56401