



## Volunteer Consent Form for Adults

***Volunteers are required to have a Volunteer Consent Form on file prior to the event date.  
It is the responsibility of the Event Contact Person to return this form to the National Cervical Cancer Coalition.***

**Event Date:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Event Location:** \_\_\_\_\_

**Event Contact Person:** \_\_\_\_\_

**Event Contact Person's Phone Number:** \_\_\_\_\_

I \_\_\_\_\_ understand that I will be a volunteer at the above mentioned National Cervical Cancer Coalition event.

I attest that I am over 18 years of age and I warrant that I have legal authority to execute this agreement on my own behalf. I attest that I am physically fit and prepared for this event and all related activities. I grant full permission for the National Cervical Cancer Coalition, its nonprofit partner agencies, and its officers and directors, partners, employees, agents, and volunteers (Releasees), to use photographs, video, and audio of myself, and quotations from myself, in accounts, promotions, and publications of this event and future events, and I hereby waive my right of publicity in connection with such uses.

I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Releasees from all claims, demands and actions for injuries or death sustained to myself and/or damage to or destruction, loss or theft of my property and to the property of others as a result of my involvement in such activities, whether or not resulting from my negligence or the negligence of any other individual, or from accidents without negligence, or from the intentional actions of other individuals, and I agree to release and hold Releasees harmless from any cause or action, claim or suit arising there from. I attest that my attendance and involvement in such activities is fully voluntary, that I am allowing myself to participate at my own risk, and that I have read the foregoing terms and conditions of this document.

**By signing below, I am agreeing to all stipulations as stated above.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_