



**Solano Turkey Trot Volunteer
Application and Waiver**
Solano Hearts United (SHU), Volunteer
Program

Name:		Last	First	MI
Address:		Street	City	Zip
Date of Birth:		E-mail:		
Home Phone Number: ()		Cell Number: ()		
Emergency Contact Name:		Relationship:		
Home Phone Number ()		Cell Number ()		

I understand that my participation in this Volunteer Program will consist of assisting SHU staff and may include: _____

These activities may contain certain inherent dangers and risk of injury or death, which I acknowledge and voluntarily assume, because I choose. I voluntarily elect to accept all risks connected with my participation in this activity. _____(initial)

In consideration of the acceptance of my participation in the Solano Hearts United Volunteer Program, I for myself, my heirs, executors, administrators and assigns hereby waive, release, and discharge and agree not to sue the Solano Hearts United committee, their agents, representatives, officers, employees, and volunteers (hereinafter collectively referred to as "SHU") from injury, death or damage to or loss of personal property arising out of or in connection with my volunteer assignment. Further, I, for myself, my heirs, executors, administrators and assigns, hereby agree to hold SHU harmless and indemnify SHU from any and all claims, demands, actions or suits arising out of or in connection with my volunteer assignment.

I agree to follow all of the SHU's rules, procedures, safety practices, and policies while performing my assignment.

I have carefully read this release, indemnification, hold harmless and agreement not to sue and fully understand its contents. I am aware that by signing it I am giving up legal rights. I understand this is a release of all liability and I have signed it of my own free will.

I further understand that I will not be covered for workers' compensation by the Solano Hearts United committee while I am performing my volunteer duties related to this project. I am able to perform the duties as explained to me.

Have you ever been convicted of a crime, excluding traffic tickets? No Yes
If yes, please explain on a separate sheet of paper and attach.

Date

Signature of Applicant

Name of Applicant (*Please Print*)

Parent/Guardian Signature (*If participant is under 18*)

Please return the application to PO Box 2016, Suisun City, CA 94585