

Class B Waiver

In consideration for being permitted to volunteer my services to Special Olympics Kansas, I hereby agree to accept any and all risks of injury, damage or loss of personal property. I understand the relationship between Special Olympics Kansas and volunteers is an “at will” arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics Kansas. By signing, I grant Special Olympics Kansas and Special Olympics, Inc. permission to use my likeness, image, voice, and words in or on television, radio, film, and on Special Olympics Kansas and Special Olympics, Inc.’s website(s), or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

***These fields are required.**

†Emails collected will be added to our monthly e-newsletter but not shared with any third party

ID
Check☐

Full Name*			Gender M <input type="checkbox"/> F <input type="checkbox"/>	Shirt Size S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/>		
Address*						
City*	State*	Zip*		DOB / /		
Email†				Phone* ()		
Assignment			Volunteer Group			
Signature*			Date* / /		Time : __M	

ID
Check☐

Full Name*			Gender M <input type="checkbox"/> F <input type="checkbox"/>	Shirt Size S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/>		
Address*						
City*	State*	Zip*		DOB / /		
Email†				Phone* ()		
Assignment			Volunteer Group			
Signature*			Date* / /		Time : __M	

ID
Check☐

Full Name*			Gender M <input type="checkbox"/> F <input type="checkbox"/>	Shirt Size S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/>		
Address*						
City*	State*	Zip*		DOB / /		
Email				Phone* ()		
Assignment			Volunteer Group			
Signature*			Date* / /		Time : __M	

ID
Check☐

Full Name*			Gender M <input type="checkbox"/> F <input type="checkbox"/>	Shirt Size S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/>		
Address*						
City*	State*	Zip*		DOB / /		
Email†				Phone* ()		
Assignment			Volunteer Group			
Signature*			Date* / /		Time : __M	

***These fields are required.**

Location/Event: _____

Day-of-Event Volunteer**Class B Waiver**

In consideration for being permitted to volunteer my services to Special Olympics Kansas, I hereby agree to accept any and all risks of injury, damage or loss of personal property. I understand the relationship between Special Olympics Kansas and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or Special Olympics Kansas. By signing, I grant Special Olympics Kansas and Special Olympics, Inc. permission to use my likeness, image, voice, and words in or on television, radio, film, and on Special Olympics Kansas and Special Olympics, Inc.'s website(s), or in any other form, format, or media, to promote Special Olympics and its mission and to raise funds for Special Olympics.

Full Name*			Gender M <input type="checkbox"/> F <input type="checkbox"/>	Shirt Size S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/>		
Address*						
City*	State*	Zip*		DOB / /		
Email†		<input type="checkbox"/> Add me to monthly newsletter		Phone* ()		
Assignment		Volunteer Group				
Signature*		Date* / /		Time : __M		

Full Name*			Gender M <input type="checkbox"/> F <input type="checkbox"/>	Shirt Size S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/>		
Address*						
City*	State*	Zip*		DOB / /		
Email†		<input type="checkbox"/> Add me to monthly newsletter		Phone* ()		
Assignment		Volunteer Group				
Signature*		Date* / /		Time : __M		

Full Name*			Gender M <input type="checkbox"/> F <input type="checkbox"/>	Shirt Size S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/>		
Address*						
City*	State*	Zip*		DOB / /		
Email†		<input type="checkbox"/> Add me to monthly newsletter		Phone* ()		
Assignment		Volunteer Group				
Signature*		Date* / /		Time : __M		

Full Name*			Gender M <input type="checkbox"/> F <input type="checkbox"/>	Shirt Size S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL <input type="checkbox"/>		
Address*						
City*	State*	Zip*		DOB / /		
Email†		<input type="checkbox"/> Add me to monthly newsletter		Phone* ()		
Assignment		Volunteer Group				
Signature*		Date* / /		Time : __M		

ID Check

☐

ID Check

☐

ID Check

☐

ID Check

☐