

STERLING MAIN STREET

CONSENT FORM FOR VOLUNTEER

_____		_____
First Name of Participant	Middle Initial	Last Name
_____		_____
Address		Date of Birth
_____		_____
City	State	Zip Code
_____	_____	_____
Emergency Contact Work Phone Number	Emergency Contact Home Phone Number	
_____	_____	
Family Physician	Phone No.	
_____	_____	

RELEASE OF LIABILITY

For and in consideration of permission from Sterling Main Street to participate in volunteer activities, training, and meetings, the undersigned identified above, hereby release and hold harmless Sterling Main Street, its officers and agents, employees, successors, and assigns, from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by the participant, or loss of or damage to any property of the participant, in any manner arising from participation in any activity of Sterling Main Street whether or not the injury, loss, or damage was occasioned by the negligence of Sterling Main Street, or any of its agents, officers, employees, or otherwise.

The undersigned is aware of the risk and hazards inherent in the participation of volunteer activities of Sterling Main Street, and knowing the same hereby requests to be permitted to engage in all such activities.

Participant signature: _____

Witness signature: _____