



Susan G. Komen of Nevada
1091 S. Cimarron Road, Suite A-4
Las Vegas, NV 89145
Phone: 702.822.2324 Fax: 702.877.2455
www.kommenevada.org

Komen Volunteer Release Form

Date: _____

Contact Information

First Name: _____ Last Name: _____ Date of Birth: __/__/

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Email Address: _____

Emergency Contact Information

Name: _____

Phone: _____ Alternate Phone: _____

Relationship: _____

Background

Have you ever been convicted of a felony? Yes ___ No ___

If yes, explain: _____

Have you ever been charged with any crime involving a child? Yes ___ No ___

If yes, explain: _____

General Information

Are you a breast cancer survivor? Yes ___ No ___

Are you interested in learning more about becoming a year-round volunteer for Susan G. Komen of Nevada? Yes ___ No ___



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Release Form:

I wish to volunteer for the Nevada Affiliate of Susan G. Komen (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 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.

Photographic Release:

I give my full consent and permission to Susan G. Komen for the Cure, its local affiliates and races, their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of any event.

Printed Name of Volunteer: _____

Volunteer's Signature: _____ Date: ____/____/____

Parent or Guardian Signature: _____ Date: ____/____/____
(If volunteer is under the age of 18)