



**Special Olympics  
Northern California**

**BUTTE COUNTY**

**SCHOOL SITE TRACK MEET HARRISON STADIUM**

PLEASE PRINT CLEARLY! (please turn in at volunteer check-in)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Venue Assignment: \_\_\_\_\_ Date(s) volunteering: \_\_\_\_\_

Volunteer group: \_\_\_\_\_

**GENERAL CONSENT (For Adult Volunteers 18 Years of Age and Older)**

I understand that the information I provide in this form may be verified, and I give permission to and authorize Special Olympics Northern California, Inc. ("SONC") to inquire of others concerning my suitability to act as a SONC volunteer. I also authorize SONC to perform a personal reference or criminal background check on me if SONC, in its sole discretion, determines that action to be necessary. In the course of volunteering for SONC, I understand that I may be dealing with confidential information and I agree to keep that information in the strictest confidence. In consideration for being permitted to volunteer my services for SONC, I hereby agree to accept and assume any and all risks of personal injury, damage, or loss of personal property, and will also release, indemnify, and hold harmless SONC from and against any and all liability or costs, which may arise or result from my volunteer activities for SONC. I understand that the relationship between SONC and its volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or SONC. I also hereby authorize SONC to use my likeness, voice, and words in television, radio, film, on the SONC Website, or in any other form or media to promote SONC and its activities.

\_\_\_\_\_  
(Signature of Volunteer)

\_\_\_\_\_  
(Emergency Contact Telephone No.)

\_\_\_\_\_  
(Date)

**PARENTAL CONSENT (For Minor Volunteers Under Age 18)**

I hereby provide my consent for my minor child (as named above) to volunteer for Special Olympics Northern California, Inc. ("SONC"). In consideration for my child being permitted to volunteer for SONC, I hereby agree to accept and assume any and all risks of personal injury, damage or loss of personal property, and will also release, indemnify, and hold harmless SONC from and against any and all liability or costs, which may arise or result from my child's volunteer activities for SONC. I also authorize SONC, its agents, employees, or representatives, to consent to any x-ray, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital supervision, to be rendered to my child upon the advice of a licensed physician and surgeon or dentist, or upon the advice of other qualified medical personnel. I also hereby authorize SONC to use my child's likeness, voice, and words in television, radio, film, on the SONC Website, or in any other form or media to promote SONC and its activities.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Print Name of Parent or Guardian)

\_\_\_\_\_  
(Emergency Contact Telephone No.)

\_\_\_\_\_  
(Date)