

Praise Is The Cure® Inc.
Volunteer Registration Form

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Alt Contact Number _____

Email address _____

Date of Birth (M/D) _____ Gender: ___ Male ___ Female

Emergency Contact Information:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Email Address _____

Your Areas of interest _____

Skills and/or talents you wish to share with Praise Is The Cure®

Do you have any physical limitations that would prevent you from participating in Praise Is The Cure® activities? ___ Yes ___ No Briefly describe _____

I am available to volunteer throughout the year for _____ Office Help _____ Special Events

I am available to volunteer on (specify days and times available) _____

I would like to be recognized as a Breast Cancer Survivor ___ Yes ___ No

Shirt Size (please circle): Extra Small Small Medium Large Extra Large 2X 3X 4x

Volunteer Waiver of Liability

I wish to volunteer for Praise Is The Cure® (PITC). I understand the nature of 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 MAY SUSTAIN OR CAUSE DURING MY PARTICIPATION AS A VOLUNTEER. IN ADDITION, I HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST PITC.

I understand that as a volunteer, I may become privy to confidential information about PITC. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about PITC or its affiliates' internal procedures, business operations, personal information and the like that is not otherwise publicly disclosed by PITC or its affiliates. I will not use any confidential information in any manner that would be detrimental to PITC or its affiliates, and I will avoid any actions that might impair the reputation of PITC or its affiliates.

Photo Release

I hereby give permission to PITC to use my photographic likeness and voice in all forms and media for advertising, portfolio, demo, trade, editorial, altering without restriction or compensation. I release the photographer of all forms of claims and liability related to my photo usage.

Print Name _____

Signature _____

Parent or Guardian's Signature (*If volunteer is under age 18*): _____

Date: _____