



Group Project Volunteer Waiver

Team Leader Verification

Please confirm the total number of group volunteers in attendance: _____

Team Leader Name: _____

Team Leader Signature: _____

Group Name: _____

Project Name: _____

Group Leader: _____

Project Date: _____

Waiver: By signing below, I agree to the following: I attest that I am physically fit and prepared for this event. In consideration of my acceptance as a participant in this event, I hereby agree to release, defend, indemnify and hold harmless New York Cares, Inc. and its affiliates and sponsors and its and their officers, directors, employees, representatives and agents, from any and all claims for expenses, personal injury, losses or damages that may be incurred or caused by me during or in connection with my participating in this event, whether arising from the negligence of such persons or otherwise. I understand that, when I am participating in this event, I will be under the supervision and control of a New York Cares Project Partner. I understand that I will not be under the supervision and control of New York Cares, Inc. I grant full permission for organizers to use photographs, portraits, films and videos of me and quotations made by me in legitimate accounts and promotions of this event and New York Cares, Inc.

	Volunteers (Print Name)	Signature	E-Mail Address
	Michael Example	<i>Michael Example</i>	michael.example@emailaddress.com
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