

Date:	
Location:	
Task:	Hours:

Thank you for volunteering with us. After reading and agreeing to the following, please fill in the information and sign the form.

## **Release and Indemnity**

By signing this form, I agree to release	, LAND OWNER, VOLUNTEER CO	ORDINATOR and its officers, servants, agents, and
employees and agree to indemnify and hold GTECH, harmles	s from all claims, damages, or act	tions of any kind which might result from my participation
in or attendance at GTECH's volunteer days or programs, res	ulting from any of	's acts or omissions whether negligent or otherwise.

## Photography and Video Release

I hereby give permission for \_\_\_\_\_\_, LAND OWNER, and VOLUNTEER COORDINATOR use of any image or video of my person in any of their publicity materials unless indicated below.

Printed Name	Signature	Group (if applicable)	Email/Mailing address	Zip Code