



**Volunteer Registration Form**

Name \_\_\_\_\_  
(First) (Last)

Home Address \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**TEAM NAME (& age group)** \_\_\_\_\_

List two people we can contact in case of emergency:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

**RELEASE WAIVER**

I, the undersigned, intending to be legally bound, do hereby for myself, family, guardians, child, children, heirs, executors, and administrators, waive and release any and all rights and claims for damages which I may have against the City of Savannah, their representatives, successors, and employees for any injuries which I may suffer in connection with my participation in this program. I have read the above and understand the rules and regulations of the City of Savannah Volunteer program that have been made available to me.

COVID-19: I/We understand COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact and participating in City of Savannah programs and accessing City facilities could increase the risk of contracting COVID-19. The City in no way warrants that contracting COVID-19 or other contagions will not occur through participation and use of City programs/facilities.

\_\_\_\_\_  
(Signature)

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