



Release Form

Shreveport-Bossier Affiliate of
Susan G. Komen for the Cure
P. O. Box 4269
Shreveport, LA 71134

Date: _____

Fax-318-220-7060
Phone-318-220-7050
Email-info@komenshreveportbossier.org

Name _____ Date of Birth _____
Street _____
City _____ State _____ Zip _____
Phone (Home) (____) _____ Work (____) _____
Fax (____) _____ E-mail _____
Event _____

Time/Date Available _____

Emergency Contact Information:
Name _____ Relationship _____
Phone _____

Do you have any health issues that we should be aware of?

Volunteer interest/skills _____

I am available throughout the year for: Health Fairs Office Help Special Events
I am a Breast Cancer Survivor and would like to be included in Survivor Events: Yes No

I wish to volunteer for the Shreveport-Bossier Affiliate of Susan G. Komen for the Cure (the "Komen Affiliate"). I understand that the nature of volunteer 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 SUSTAIN OR CAUSE DURING MY PARTICIPATION AS A VOLUNTEER. IN ADDITION, I HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE KOMEN AFFILIATE, SUSAN G. KOMEN FOR THE CURE (KOMEN) AND ANY OF THEIR EMPLOYEES, VOLUNTEERS, PARTNERS, AGENTS, SPONSORS, BOARD MEMBERS AND SUCCESSORS FROM ANY AND ALL LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY SERVICE AS A VOLUNTEER.**

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



Printed name of volunteer: _____

Volunteer's Signature: _____

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

Date: _____