

INDIVIDUAL CLASS B VOLUNTEER RELEASE FORM FOR VOLUNTEERS UNDER THE AGE OF 18

\square I registered o	nline (required if completing this form)	
Name:		
FIRST	LAST	INIT.
***Adults must bring p	photo ID to event (drivers license, student ID,	, state ID card, passport or military ID**
This Section must be co	mpleted by a parent or guardian if the volunteer is	s under the age of 18.
Please Read Carefully B	efore Signing:	
	pics Wisconsin permission to use my likeness e activities of Special Olympics."	s, voice and words in television, radio, film or
Signature of Parent/G	uardian (required for volunteers under age 18)	Date
Printed Name of Parel	nt/Guardian (required for volunteers under age 18)	Parent/Guardian Phone number
	CLASS B VOLUNTEER FOR VOLUNTEERS UNDER THE AGE (Special Olympics Wisconsin OF 18
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Signature of Parent/G	uardian (required for volunteers under age 18)	Date
Printed Name of Para	at/Guardian (required for valuntaers under age 19)	Parent/Cuardian Phone number

^{**}VOLUNTEERS UNDER THE AGE OF 18 MUST BRING THIS COMPLETED FORM TO THE EVENT**