

# Information and Release Form for Special Event Volunteers

EVENT NAME:

**Cottage Rehabilitation Hospital's Junior Wheelchair Sports Camp**

EVENT DATE:

**July 21-25, 2025**

EVENT LOCATION:

**UCSB Campus**

Cottage Health thanks you for your time and dedication to the Junior Wheelchair Sports Camp (the "event"). Please review, sign and return this document to the Volunteer Services Department prior to participating as a volunteer at this event.



Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  Miss  Ms.  Mr.

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Check One:  New Volunteer  Returning Volunteer

Availability: (8 a.m - 5 p.m., check all that apply)

Monday  Tuesday  Wednesday  Thursday  Friday

Shirt Size (unisex):  X-Small  Medium  Large  X-Large  XX-Large

**I hereby agree to participate in the event. By signing this form, I hereby:**

- Consent to have photographs or video taken by Cottage Health. (Use attached: Consent to Photographer Videotape Form)
- Acknowledge and assume all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, death, and damages to my property, caused by or arising from my participation in this event.
- Release hold harmless, and agree to indemnify Cottage Health and its directors, officers, representatives, employees and agents (the "Released Parties") from any and all claims, demands, actions, liabilities, damages, or expense (including attorney's fees) arising from or in connection with my participation in the event, including such claims that arise from the Released Parties' negligence.
- Agree that my participation in the event is voluntary, that I am physically capable of participating in the activities involved, and that I have no medical conditions or injuries that would prevent or limit my participation.
- Acknowledge that this release shall be binding on my heirs and assigns.
- Affirm that I have read this information and Release Form and fully understand its contents. By signing below, I voluntarily agree to all the terms and conditions set forth herein.

I am refusing to provide my consent to be photographed. I understand that this will not affect my ability to participate in the event.

\_\_\_\_\_  
Signature of Participant (if participant is over 18) \_\_\_\_\_  
Date

**If participant is under 18:**

Name of Parent or Legal Guardian: \_\_\_\_\_

Parent or Legal Guardian's Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian \_\_\_\_\_  
Date

Please e-mail this form to [volunteering@sbch.org](mailto:volunteering@sbch.org). Thank you!