



Event Volunteer Release Form

About You

Name:	First:	Last:
Street Address:		
City/State/Zip Code:		
Phone:	()	Email:
Company/School/Organization:		
I would like to opt out of EPBYAA email services:	Yes	No
		Age:

Event Volunteer Position

El Paso Border Youth Athletic Association Event:	
Volunteer Position:	Location:

El Paso Border Youth Athletic Association Release Statement

I/we understand that the applicant will be participating at this event at his/her own risk and I/we hereby release, discharge, indemnify and hold harmless El Paso Border Youth Athletic Association (EPBYAA) and all EPBYAA's directors, officers, employees, agents, and all EPBYAA's sponsors and affiliates from all liability for bodily injury or property damage relating to this event. I/we understand that the applicant's volunteer service can be modified or terminated with or without notice or cause, at any time, at the option of EPBYAA or at my/our option and that EPBYAA may, in its sole discretion, decline to accept the applicant for volunteering with or without cause. I/we grant EPBYAA permission to use the applicant's likeness, voice, and words in or on television, radio, film, and on EPBYAA's Websites, or in any other form, format, or media, to promote EPBYAA and its mission and to raise funds for EPBYAA. In the course of volunteering for EPBYAA I may be dealing with confidential information regarding athletes and volunteers' contact information, health, behavior and other personal information and I agree to keep said information in the strictest confidence. In signing this application, I/we have read the foregoing information and I/we agree to comply with the Volunteer Code of Conduct and all EPBYAA rules and regulations of the organization.

I/We have read and understand this disclosure.

Applicant's Signature:	Date:
Parent/Guardian's Signature for Minor:	Date:

PHOTO ID/VOLUNTEER IDENTITY VERIFICATION To be filled out at check-in.

I have viewed a photo ID of this applicant and verified that the picture and the name on the photo ID match the person named on this application. If no photo ID is available, an approved volunteer has verified the identity of this applicant.	
Name (Please Print):	Phone: ()
Email:	