



Block Blitz Volunteer Registration/Release Form

Please specify if you are volunteering as an individual or with an organization: Individual Organization

Organization Name: _____

Volunteer Coordinator Name/Individual Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____ Cell Phone: _____

Email: _____ Estimated Number of Volunteers: _____

Emergency Contact #1

Name: _____ Relationship: _____ Phone: _____

Emergency Contact #2

Name: _____ Relationship: _____ Phone: _____

Volunteer Waiver

I accept and agree to the terms stated below and register to volunteer for Home HeadQuarters, Inc., Block Blitz.

I, desiring to volunteer my time and services, hereby agree to release, hold harmless and indemnify Home HeadQuarters, Inc., its officers, agents, assigns, and its members, the Greater Syracuse Land Bank, the City of Syracuse and any group or individual associated with the "neighborhood" in which the event is taking place, from any and all liability or claims of injury or damages of whatsoever nature which may be incurred by me as a result of my voluntary participation in any program sponsored by Home HeadQuarters. I understand that my volunteer activities for Home HeadQuarters, Inc., will not be covered by workers' compensation. I further understand that the work involved in the event may include activities hazardous to the volunteer.

I further represent and certify that I am physically able to do the various activities described above without limitation, and that I have no disabilities which might prevent me from doing the same.

I hereby grant and convey to Home HeadQuarters, Inc., all rights, title, and interest in any and all photographic images and video or audio recordings made by Home HeadQuarters, Inc., during my volunteer activities with respect to the event, including but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

Volunteer Signature

Date

Volunteer Name Printed

