



# VOLUNTEER FORM

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Preferred Communication:

Text

Phone

Email

I want to Volunteer: (check all that apply)

Hunting Guide

Day of Volunteer for Hunts (set-up, serving, clean-up)

Cook/Meal Prep

Fundraiser helper

Landowner

SYC Sub-Committee

Other: \_\_\_\_\_

Comments:



## ADULT PHOTO RELEASE FORM

I, \_\_\_\_\_, grant Special Youth Challenge of Iowa or anyone involved with Special Youth Challenge of Iowa my permission to use the photographs for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, marketing, social media, and web content.

Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_



## RELEASE FORM

### (VOLUNTARY PARTICIPATION, ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL RELEASE ,AND PHOTO RELEASE)

In consideration of Special Youth Challenge Ministries of Iowa, an Iowa non-profit corporation, its directors, officers, committee members, volunteers, and representatives (collectively, "SYCIowa") allowing me

\_\_\_\_\_ (the "Participant") to participate in the hunt at

\_\_\_\_\_ (the location) on \_\_\_\_\_ (dates) and all related events and activities

(collectively, the "Event"), the Participant, does voluntarily and willingly acknowledge and enter into the following agreement ("Release"):

1. Participant acknowledges and understands that the Event is purely voluntary. The Participant chooses to participate in the Event, and such participation is of my own free will without any obligation whatsoever. The Participant understands that if he/she did not sign this Release, SYC-Iowa would deny the Participant permission to participate in the Event.
2. The Participant, on the behalf of myself, my spouse, my children, all legal representatives, heirs, successors, and assigns, by signing this Release, hereby release, discharge, waive, and hold harmless SYC-Iowa, its successors, and assigns from any and all claims and demands of any kind that arise from or relate to my participation in the Event. The Participant acknowledges and understands that this Release releases and discharges SYC-Iowa from any and all liability and claims, including but not limited to any liability or claim by the Participant or anyone else with respect to any bodily injury, personal injury, illness, death, property damage, or economic damage of any kind that may result from the Participant's participation, whether caused by the Participant, the negligence of SYC-Iowa or its directors, officers, volunteers, or other committee members, or otherwise.
3. The Participant acknowledges and understands that there are known and unknown hazards involved in participating in the Event and that there is a risk in the use of firearms. These hazards may include travel to and from the Event, natural hazards (such as land, lightning, wildlife, and weather), man-made hazards (such as buildings, structures, and vehicles), hazards involving other individuals, hazards associated with hunting, and many other hazards. The Participant understands that these hazards may include, but are not limited to illness, serious bodily injury, death, emotional injury, potentially expensive medical expenses, loss or damage or property, or economic harm. The Participant further understands that the hazards described herein are only a partial list of the risks and hazards and that other hazards may be involved that have not been identified in this document or otherwise disclosed, and I fully assume those hazards as well. By signing this Release and choosing to participate in the Event, the Participant expressly and knowingly assumes the risks of the hazards described herein, and any other known or unknown hazards involved in participating in the Event.
4. The Participant represents that the Participant is in good health so as to allow him/her to participate in the Event. The Participant also understands that medical services or facilities may not be readily available during the Event.
5. The Participant understands and agrees that he/she alone is responsible for his/her safety with respect to traveling to and from the Event. The Participant further understands that he/she has the option to voluntarily withdraw from the Event at any time and for any reason.
6. The Participant, on my behalf and on behalf of my children, spouse, parents, heirs, and assigns, expressly and knowingly agrees not to hold SYC-Iowa, its directors, officers, employees, volunteers, or committee members responsible in the event that one or more hazardous situations arise from or during my participation in the Event.
7. The Participant, on behalf of myself and on behalf of my children, parents, heirs, and assigns, expressly and knowingly releases SYC-Iowa, its directors, officers, employees, volunteers, or committee members from any and all liability, loss, cost or damages, arising from or related to my participation in the Event, including any resulting from the ordinary negligence or fault of SYC-Iowa or other participants, whether that negligence is active or passive.

8. The Undersigned and the Participant also release, acquit, and agree to hold harmless any landowner or tenant in possession and all other persons or entities from any and all liabilities that we may have or ever claim to have by reason of my participation in the Event or the activities sponsored by SYC-Iowa.

9. In the event of an emergency, the Participant hereby authorizes and consents to and SYC-Iowa has my permission to obtain medical or dental treatment for me at the nearest hospital, medical facility, or doctor, at the Participant's expense.

10. The Participant and attending family/guardian members understand and agree to the use of a name, photographs, videos, voice, or film likeness by SYC-Iowa for any legitimate purpose by SYC-Iowa. I consent to and authorize in advance such use and waive any right to privacy connected therewith.

11. The Participant understands that this Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law and that if any portion of this Release is declared invalid, for whatever reason, the remaining portions shall continue to be valid and legally binding. I affirm that we have read the terms and provisions of the Release prior to its execution and that I have had the opportunity to consult with whomever I wish, including an attorney, and that SYC-Iowa has made no representation, statement, or inducement, directly or indirectly, on which I rely upon, and that this Release contains the entire agreement between SYC-Iowa and me. I agree that this Release shall be governed by the laws of the State of Iowa, without regard to any conflict of law's provisions. I fully understand and acknowledge that SYC-Iowa and its directors, officers, employees, volunteers or committee members have never expressly or impliedly assumed any responsibility for participation in the Event by the Participant. I hereby personally assume all risks in connection with participation in the Event or any other activity connected therewith. This Release shall be binding upon the Participant, my spouse, my children, my heirs, administrators, personal representatives, and assigns, forever.

THE PARTICIPANT UNDERSTANDS THAT THIS IS AN IMPORTANT LEGAL DOCUMENT. BY SIGNING BELOW, I REPRESENT THAT I HAVE READ THIS DOCUMENT CAREFULLY AND IN FULL, THAT I AGREE TO ALL OF ITS PROVISIONS, AND THAT I SIGN THIS AGREEMENT OF MY OWN FREE WILL. You must describe ANY preexisting medical conditions of the Participant or any special instructions (such as present medications or allergies):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PARTICIPANT**

\_\_\_\_\_  
**DATE**

**CONTACT INFORMATION:**

Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Doctor's Office Address: \_\_\_\_\_

Current Medications:

\_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

**Persons to be contacted in case of an emergency:**

1. Name/Contact Information: \_\_\_\_\_

2. Name/Contact Information: \_\_\_\_\_

3. Name/Contact Information: \_\_\_\_\_