



Event: Violence Prevention Youth Mentorship Program

Event Start Date: 11/07/2024

Event Location: Detroit, MI

Youth Mentorship Program Volunteer Waiver and Release of Liability

Volunteer Information

- **Name of Volunteer:** _____
- **Date of Birth:** _____
- **Contact Number:** _____

Acknowledgment of Risk

I acknowledge that volunteering for the Violence Prevention Youth Mentorship Program involves various activities that may carry inherent risks, including but not limited to physical injury, emotional distress, or damage to personal property. I understand that I am voluntarily participating and assume all risks associated with my participation.

Medical Consent

In the event of an emergency, I grant permission for program staff to seek medical treatment on my behalf if necessary. I will be responsible for any medical expenses incurred.

Release of Liability

In consideration of my participation as a volunteer in the Violence Prevention Youth Mentorship Program, I hereby release and hold harmless S.A.V.E. Detroit, its staff, volunteers, and affiliates from any and all claims, liabilities, or damages arising from participation in the program.

Media Release

I consent to the use of photographs and video recordings of my child during the program for promotional purposes, including but not limited to social media, websites, and printed materials.

Agreement

By submitting this waiver, I confirm that I have read and understood the terms and conditions outlined above, and I agree to abide by them.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND ACCEPT AND AGREE TO ITS TERMS AND SIGN IT VOLUNTARILY

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ PHONE: _____