

REGISTRATION FORM

Participant Information

First Name _____

Last Name _____

Home Address _____

City _____ State _____ Zip _____

Day Ph. _____

Evening Ph. _____

Fax _____

E-mail _____

PLEASE CHECK ALL THAT APPLY

- I have attended a New York Cares orientation.
 I have participated in one of New York Cares' Annual Events.

Team Information

- I am volunteering individually.
 I am volunteering as part of a registered team.

Team Name: _____

Waiver

All participants in New York Cares Day must be age 12 or over and must sign this waiver, regardless of age. If you are under 18 years of age, a parent or legal guardian must also sign this waiver and accompany you to the event.

I understand that I am spending the day as a volunteer for New York Cares, Inc. I attest that I am physically fit and prepared for this event. In consideration of my acceptance as a participant in this event, I hereby agree to release, indemnify and hold harmless New York Cares, Inc. and its agents, affiliates, sponsors and the New York City Department of Education from any and all claims for any and all expenses, personal injury, loss or damages incurred or caused by me during or in connection with my participation in this event. I grant full permission for organizers to use photographs, portraits, films and videos of me and quotations made by me in legitimate accounts and promotions of this event and New York Cares.

Signature Date

Signature (Parent or Guardian) Date

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