VOLUNTEER SIGN-IN AND RELEASE FORM

(Have volunteer read statement, complete personal information and sign)

Event/Venue: _____

Event Date: _____

Special Olympics North Carolina

RELEASE: I am specifically granting my permission to Special Olympics to use my likeness, name, voice and words in television, radio, film, newspapers, magazines, and other media, and in any form for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support those purposes and activities.

PLEASE PRINT LEGIBLY

First Name	Last Name	E-mail Address	Phone	Employer/School/ Group Represented	I have read the Release. Signature Required. (If under 18, a parent/guardian must sign.)