



A Day Out With Iggy! VOLUNTEER REGISTRATION

Return form to Michele Lassiter mlassiter@dioceseofspokane.org or mail to St. Aloysius Parish 330 E. Boone Ave. Spokane, WA 99202

Volunteer Contact Information

Volunteer Name _____ Age _____ T-shirt Size _____

School (if applicable) _____ Grade _____

Email _____ Cell _____

Emergency Contact

Name _____ Phone _____

Any chronic illnesses, allergies, medications, or other conditions that we should know about in case of an emergency?

If volunteer is age 16 or older, skip this section in *italics*

If Volunteer is age 15 or younger a parent or guardian must volunteer with them. Please complete the following information

Parent Name _____ *T-shirt Size* _____

Email _____ *Cell* _____

Photography Release:

I hereby authorize St. Aloysius Parish / Gonzaga Family Haven to publish the photographs and videos taken of me and/or my child/dependent and/or their name, for use in printed publications, website, social media platforms, and training purposes. I acknowledge that since participation in publications and websites produced by St. Aloysius Parish / Gonzaga Family Haven is voluntary, I will not receive financial compensation. I further agree that participation in any publication and website produced by St. Aloysius Parish / Gonzaga Family Haven confers no rights of ownership whatsoever. I release St. Aloysius Parish / Gonzaga Family Haven, its contractors, and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Please Check One:

_____ YES – I grant permission to take and my or my child’s photo

_____ NO – Please do not use any photographs of me or my child. I know that we won’t be removed from the event but will be positioned in a way so that they will not be in photos.

Self or Parent/Guardian Signature

Self or Parent/Guardian printed

Date

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