



5841 Thunderbird Rd Suite D & E, Indianapolis, IN 46236

Volunteer Waiver

Name _____ Phone _____

Address _____

Organization _____ Address _____ Phone _____

I, and all those whose names appear below, waive any liability or responsibility, legally or medically, in the event of an injury or any harm while volunteering with Lambswear.

_____ Initial to agree Date _____

Other people who are associated with this volunteer event and therefore covered under the signature of this waiver:

*Please note: Minor children are to be supervised by adult volunteers at all times.



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Volunteer Waiver

Name _____ Phone _____

Address _____

Organization _____ Address _____ Phone _____

Signed _____ Start date _____

I, and all those whose names appear below, waive any liability or responsibility, legally or medically, in the event of an injury or any harm while volunteering with Lambswear.

_____ Initial to agree Date _____

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