



Volunteer Application

Thank you for your interest in being a Volunteer for NWABA. Please fill out the following Information and send to the address below. We appreciate your interest in the association.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Birth Date: _____ E-mail Address: _____

Specific Activities you would like to volunteer for:

_____ I would like to contribute to helping NWABA achieve its mission of providing opportunities to the Blind and Visually Impaired of the Northwest. My Donation is enclosed.

Waiver: (Please Read Carefully)

By signing this membership form, the participant affirms having understood all terms and conditions. In consideration of my involvement under the auspices of NWABA at training and competition sites, I acknowledge and agree to the following: 1. I risk bodily injury, including paralysis, dismemberment and death as well as loss or damage to property; 2. I knowingly and freely assume all such risk; 3. I hereby authorize and give my full consent to NWABA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any NWABA event. I further agree that NWABA may transfer, use or cause to be used these photographs, videotapes or films for any exhibitions, public displays, publications, commercials, art and advertising purposes and television programs without limitations or reservations; and 4. I, for myself and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue the Northwest Association for Blind Athletes, their officers, officials, volunteers, agents and/or employees, with respect to any such injury, paralysis, dismemberment, death and/or loss or damage to property except that which is the result of gross negligence and/or wanton misconduct.

Name:

Date:

Send Applications to:
NWABA/P.O. Box 65265/Vancouver, WA 98665
1-800-880-9837/www.nwaba.org/info@nwaba.org