



VOLUNTEER FOR VETERANS

Volunteer Name: _____

Address _____

City, State, ZIP _____

Phone _____

Email _____

Date of birth _____

Company _____

Waiver:

Disabled American Veterans, and its officers, directors, employees, members, chapters, departments, agents, licensors, affiliates, and successors in interest (hereinafter collectively referred to as "DAV") disclaim any liability or responsibility for acts, omissions, or conduct of the recipients or volunteers in connection with Volunteer for Veterans. In consideration for participating through the Volunteer for Veterans program, I acknowledge and accept the foregoing disclaimer and further agree as stated below:

1. To the fullest extent permitted by law, I will not seek compensation or damages from DAV in connection with Volunteer for Veterans.
2. To the fullest extent permitted by law, I will not seek compensation or damages from the recipients or volunteers in connection with Volunteer for Veterans.
3. I may be photographed or recorded in the course of my participation with Volunteer for Veterans. I give DAV and its licensees a perpetual, royalty- free license to use such photographs or recordings.

Volunteer Signature _____ Date ____/____/____

Please print name here: _____

If under age 18, Parent or guardian signature required

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER. I am the parent or legal guardian of the minor named in this volunteer application. I have the legal right to consent to and, I hereby do consent to the minor named herein becoming a volunteer for DAV. I further consent and agree that DAV may collect and process the minor's personal and nonpersonal information in accordance with DAV's Privacy Notice unless and until I contact the DAV to revoke or alter my consent.

Parent or legal guardian Signature _____ Date ____/____/____

Please print name here: _____