



VOLUNTEER CONSENT FORM

Date: _____

Event Name: _____

Volunteer Name: _____

Check here if Volunteer is under age 18

*Complete if Volunteer is under age 18

Guardian Name: _____ Guardian Phone Number: _____

Address: _____

Phone: _____

Email: _____

Check here to receive the KLCB Newsletter

Emergency Contact Name: _____

Relationship to Participant: _____

Phone Number: _____

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Signature of Volunteer

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

**Signature of Parent/Legal Guardian
(if volunteer is under 18 years old)**

Date

**VOLUNTEERS MUST COMPLETE THE CONSENT FORM
PARENT/LEGAL GUARDIAN SIGNATURE IS ALSO REQUIRED IF VOLUNTEER IS UNDER AGE 18**

Keep Lincoln County Beautiful
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