



VOLUNTEER LIABILITY FORM

Name: _____

High School (if applicable): _____

Parent(s) / Guardian(s) Name (if under 18): _____

Address: _____

City _____ State: _____ Zip _____

Home: _____ Cell: _____

Email: _____

I am using this opportunity to earn volunteer hours for my High School transcript.

I am interested in volunteering:

- East-West Game - set-up East-West Game - during game East-West Game - tear-down
 Winter Clinic As Needed, please contact me.

We/I grant our/my child permission to volunteer for the Greater Cleveland Football Coaches Association Cuyahoga County East-West High School All-Star Scholarship Football Game, presented by the Cleveland Browns and University Hospitals and release Baldwin Wallace University and/or John Carroll University, the Cleveland Browns, University Hospitals, Bedford-Mentor Nissan, Winning Edge Fundraising, Sports Focus Sporting Goods, Needleworks Custom Embroidery, the Cleveland Municipal School District, Notre Dame College, the North Royalton City School District, the Independence Local Schools and the Greater Cleveland Football Coaches Association, Inc. and all said members and employees of these organizations from any and all liability and we/I waive all claims arising from volunteering for said game.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature is **REQUIRED** if volunteer is under 18

GREATER CLEVELAND FOOTBALL COACHES ASSOCIATION

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