



# 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, 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**

6888 BRECKSVILLE ROAD | INDEPENDENCE, OHIO 44131 | WWW.GCFCFA.ORG

**SPONSORED BY:**

