

VOLUNTEER SERVICE WAIVER OF RESPONSIBILITY FORM

For Students Participating in the
Wythe-Bland Foundation Scholarship Program
Through
Wytheville Community College
Fall 2022

Student

Name: _____ Student ID: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Student Email: _____

Volunteer Agency

Name: _____

Name of the person you will be volunteering for:

First: _____ Last: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I, the undersigned, am entering this activity voluntarily and freely, fully aware of the potential dangers inherent in participating in this volunteer service. I will assume the risk of personal injury in undertaking this activity. I DO HEREBY RELEASE Wytheville Community College, its servants, agents, and employees, the WCC Educational Foundation Incorporated, the WCC Scholarship Foundation Office, the Wythe-Bland Foundation Scholarship Program, its servants, agents, and employees, and the approved volunteer agency, its servants, agents, and employees, from any and all liability to me which may result from my participation in the volunteer service program.

Student Signature

Date

Parent or Guardian's Signature (if student is under 18 years of age)

Date