

**Volunteer Registration Form**

*Insert Host Name, Date and Location of Camp*

We are pleased to offer this dance program to people with disabilities and look forward to having you play an important part in helping our dancers reach their goals.

**\*\*\*NO PRIOR EXPERIENCE WITH PEOPLE WITH DISABILITIES NECESSARY\*\*\***

**AGE REQUIREMENT: Volunteers must be at least 12 years old**

**Volunteer Information:**

|  |  |
| --- | --- |
| Name: |  |
| Gender (M or F): |  |
| Age: |  |
| T-Shirt Size: |  |
| E-Mail: |  |
| Cell Phone: |  |
| Home Address: |  |
| Emergency Contact Name: |  |
| Emergency Contact Phone: |  |

|  |
| --- |
| Comments: |

**Volunteer Orientation and Training:**

Please plan to attend our two-hour orientation and training on [insert Date and Time] at [insert Address]. During the thirty-minute orientation, you will be joined by parents of the dancers to learn about how the iCan Dance program operates and what to expect during the camp week. Following the orientation during the ninety-minute training you will learn what is involved each day in your role as a volunteer, how to successfully work with dancers, as well as key components of the choreography. This training is essential to helping your dancer(s) be successful during the week.

**P*lease* plan to arrive each day of camp 20 minutes prior to your session start time for a daily strategy/briefing session.**

**Volunteer Role:**

You will be assigned to work with a dancer each day of the program as they learn the dance routine and practice for the on-stage performance. You will provide encouragement and physical support, as needed. No dance experience is required.

**Please place an “X” in the box below indicating your highest level of fitness:**

|  |  |
| --- | --- |
|  | I am a beginner dancer |
|  | I am an intermediate dancer |
|  | I am an advanced dancer (dance team or other competitive level) |
|  | I have no formal experience however I love to dance |

|  |
| --- |
| Comments (e.g. physical limitations, prior experience with children, children with disabilities, etc): |

**Session(s) Volunteering For:**

***NOTE: Volunteers will be active for a 60- minute session for dancers age 5-7 yeas or 75 minutes for dancers age 8 and above. Please keep this in mind when volunteering for multiple sessions.***

We ask volunteers to commit to attending **all 5** days of camp for the session(s) you select. Our dancers bond with their assigned volunteers and rely on the same person to be there to support them each day of camp.

Please place an “X” in the box(es) indicating the session(s) for which you would like to volunteer:

|  |  |  |
| --- | --- | --- |
| Session 1 | 8:30 am – 9:45 am | Age 8-12 years |
| Session 2 | 10:15 am – 11:15 am | Age 5-7 years |
| Session 3 | 11:45 am – 1:00 pm | Age 13 and above |
| Session 4 | 2:15 pm – 3:30 pm | Age 8-12 years |
| Session 5 | 4:00 pm – 5:15pm | Age 8-12 years |

|  |
| --- |
| Comments (e.g. day you cannot attend or will be arriving late): |



**Volunteer Acknowledgment & Liability Release**

**(Mandatory for Participation)**

Volunteer Name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer’s Parent Name (if Volunteer is under 18 years old):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned hereby agrees to the following:

**1.         Assumption of Risk:**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the above Volunteer (if at least 18 years old) or indicated Volunteer’s parent or legal guardian (if Volunteer is under 18 years old) and, for myself or on behalf of said Volunteer, have fully read the accompanying iCan Dance Volunteer Registration Form and the related materials made available to me describing the iCan Dance program (“Camp”), and I am aware of, understand, and assume the unavoidable risks of the inherently dangerous activity of spotting someone engaged in dancing, which involves movement and physical exertion that could result in, but not be limited to, severe bodily injury or death.

**2.         Release of Liability:**

            In consideration of iCan Shine, Inc. (“iCan Shine”), its affiliates [*insert Host name]*, and [*insert Facility name]* allowing the above named Volunteer’s participation in the Camp, I, for myself and on behalf of said Volunteer, our heirs, administrators, personal representatives or assigns, hereby agree to release, indemnify, hold harmless and discharge iCan Shine, its owners, agents, employees, officers, executives, directors, representatives, affiliates, assigns [Insert Host and Facility Names] and their agents, employees, and officers of and from all claims, demands, causes of action, and liability, whether the same be known or unknown, anticipated or unanticipated, even if caused, in whole or part, **BY THE NEGLIGENCE OF ANY OF THE FOREGOING**.  I further agree that I shall not bring any claims, demands, legal action and causes of action, against iCan Shine and/or any of the foregoing for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by said Volunteer in relation to the facility and/or operations of the Camp, which shall include, but not be limited to, spotting and/or working with Dancers while they are dancing or participating in other program related activity at the facility during the Camp.

**3.         Indemnification:**

If, despite this release, I, the above named Volunteer or anyone on said Volunteer’s behalf makes a claim against iCan Shine or any of the foregoing, I agree to indemnify and hold harmless iCan Shine and the foregoing from any litigation expenses, attorney’s fees, loss, liability, damage, or cost that they may incur due to the claim(s) made against iCan Shine and the foregoing related to any of the activities or associated activities outlined above.

            Further, I hereby expressly acknowledge that photographs and/or videos of said Volunteer could be taken by parties outside the control of iCan Shine and [insert Host and Facility names] in connection with participating in the Camp.  I acknowledge that iCan Shine and [insert Host and Facility names] have limited or no control over such activities of third parties and have no control over any editing and/or use of such photos and/or video footage.

Signature of Volunteer (if 18 years or older) OR

Signature of Parent (if under 18 years old):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_