# Special Olympics Colorado Group B Volunteer Form

Organization/School/Group: _____Group Coordinator: _____ Phone Number_____

***Verification of ID and Signature:*** ☐ by: _____ Event Title: _ _____

Printed name of authorized SOCO personnel or Group Coordinator

☐ by: _____

Signature of authorized SOCO personnel or Group Coordinator

***<u>Disclosure and Release</u>: I grant Special Olympics Colorado permission to use my likeness, voice and words in television, radio, film or any form to promote activities of Special Olympics and its mission.***

| Last Name (print) | First Name (print) | Street Address | City | Zip | E-mail | I have read the Disclosure and Release. Signature <u>REQUIRED</u> |
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Revised 10/10/07