



ALSAC • Danny Thomas, Founder

Finding cures. Saving children.

FOR OFFICE USE ONLY

Group Name _____

Date of event _____

Time, from _____ to _____

*262 Danny Thomas Place
Memphis, TN 38105*

St. Jude Children's Research Hospital

Group Garden Project

I, _____, am a volunteer for St. Jude Children's Research Hospital Group Garden Project and I, my heirs, and my personal representatives release, discharge, hold harmless, and indemnify St. Jude, its officers, directors, trustees, employees, and agents, from and against claims, demands, actions, or causes of action, suits, judgments, or expenses that may be based, in whole or in part, upon my negligence or intentional misconduct while on St. Jude campus and during participation in St. Jude's Group Garden Project.

I also agree to follow St. Jude's dress code, smoking policy, substance abuse policy, and employee garden project policy.

Volunteer's Signature Date

Volunteer's Name (printed)

Volunteer's Parent or Guardian Signature (For Volunteer under 18 years old)