

Volunteer Waiver Form for Roadside Cleanup

Please print legibly and sign at bottom

Name (print)

Date

Organization (if appropriate)

Address

Home Phone

Work Phone

E-mail

If you or your child has special medical needs that might require medication or special practices, i.e., bee sting allergy, asthma, diabetes, please note below and make sure you or your child has the equipment needed to handle the situation.

Special Medical Needs or Known Allergies

General Volunteer Waiver

In consideration of the opportunity to engage in volunteer work through the Town of McCandless, I the undersigned, my heirs and assigns, hereby waive all claims for injuries, damages or losses to my person or property which may be caused directly or indirectly, by any act, omission or negligence arising from or related to the activities of the Town. I, the undersigned, understand that by participating in this volunteer activity I will be exposed to the risks of accident and injury and that I will follow the Town's safety requirements and instruction. I hereby release and hold harmless the Town and its officers, agents, and employees from any and all claims, including bodily injury, death or property damage which may occur due to my or my child's participation in these volunteer activities. I, the undersigned, my heirs and assigns, hereby covenant and agree to indemnify and hold harmless the Town, its officers, agents and employees and all property owners from any and all costs, charges, claims, demands, losses, damages, causes of action, suits and liabilities of any kind, including the expenses of litigation, court cost and attorney's fees, for injuries to, or the death or illness of any person, or for damage to any property, arising out of or in connection with my involvement in the volunteer activities, regardless of whether such injuries, illness, death or damages are reasonable or unreasonable, or foreseeable or unforeseeable to the parties of the agreement.

I agree that the Town may take my photograph and use my image to promote the purposes of the Town with no compensation due me.

Signature of Volunteer

Date

Parental Consent required if volunteer is under 18: _____

Name of Child

has my permission to participate in this event. If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name (print)

(relationship to child)

Phone Number

Signature of Parent/Legal Guardian

Date