

YORK TOWNSHIP VOLUNTEER WAIVER

Name: _____

Home Address: _____

Home Phone: _____ If Student, School: _____

Program Volunteer Services Provided For: **CLEAN UP PA DAY 2015—YORK TOWNSHIP DAY**

Date/Time of Program: **Saturday, March 21, 2015 from 9 a.m.-12 p.m.**

VOLUNTEER'S ACKNOWLEDGEMENT

I, _____, understand that:
(Volunteer Print Name)

1. I am a volunteer donating my time, services, and energies to York Township;
2. I understand and acknowledge I will receive no salary, remuneration or benefits extended to the employees of York Township and by signing this acknowledgment I fully understand that I am creating no employee/employer relationship with York Township; and,
3. I hereby release York Township, its officers, agents, and employees from any and all liability, claims, cause of action, or actions, arising out of or occasioned by bodily injuries or property damages sustained by me as a result of my volunteer services to York Township and agree to indemnify and hold harmless York Township for any such liability, claim, cause of action or actions.

I further state that I have carefully read the foregoing release and indemnity agreement and know the contents thereof, and sign this instrument of my own free accord.

Volunteer's Signature: _____ Date: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Medical Issues: (i.e.—allergic to bees, etc.) _____

PARENTAL CONSENT (required for volunteers under 18 years of age)

I have reviewed the volunteer application and give my consent for (first and last name)

_____ to participate in this program, subject
to the terms and conditions set forth.

Parent/Guardian Signature: _____ Date: _____