

VOLUNTEER WAIVER, RELEASE AND INDEMNITY AGREEMENT

I,,	have agreed to volunteer my services for the Green Mountain
Falls	activity.
I am informed and understand that The work to be performed at the	at the Activity is co-sponsored by the Town of Green Mountain Falls. Activity is outlined below:
I agree that I will not perform any	y work beyond the scope of work outlined above.

Assumption of Risk

I further understand that the Town provides no compensation for my services and that I am not entitled

to any benefits from the Town, including but not limited to workers' compensation benefits.

I understand that there are risks of injury, death, and damage to property from performing the Activity for the Town. I attest and verify that I possess the physical fitness and ability to perform the Activity and that I have no physical limitations that would affect my performance of the Activity. If I do not feel that I am capable of performing the Activity, I assume the responsibility of informing the Activity Supervisor or Manager.

In consideration for being allowed to participate in the Activity, I hereby assume the risk of, and responsibility for, any such injury, death or damage which I may sustain arising out of or in any way connected with performance of the Activity, including injury, death or damage resulting from any acts or omissions, whether negligent or not, or any property or equipment owned or supplied by or on behalf of the Town, its officials, officers, employees, agents, volunteers, and any other promoters, operators or co-sponsors of the Activity.

Release and Indemnification

In consideration for being allowed to participate in the Activity, I hereby release, waive and discharge the Town, its officials, officers, employees, agents, volunteers, and any other promoters, operators or co-sponsors of the Activity, from any and all liability, claims, or causes of action arising out of or in any way connected with my performance of the Activity, or upon its acts or omissions, whether negligent or not. I agree to this Waiver on behalf of myself, my heirs, executors, administrators and assigns.

As further consideration for being allowed to participate in the Activity, I hereby agree, on behalf of myself, my heirs, executors, administrators and assigns, to indemnify and hold harmless the Town, its officials, officers, employees, agents, volunteers, and any other promoters, operators or co-sponsors of



the Activity, from any and all claims for compensation, personal injury, property damage or wrongful death caused by my negligence or willful misconduct, in the performance of the Activity.

Knowing and Voluntary Execution

•	d Release Form and fully understand its contents. I understand ghts. I knowingly and voluntarily give up these rights of my own
Print Name	Date
Print Name of Parent or Legal Guard	dian if under 18
Signature (Participant, or Parent/Leg	gal Guardian if under 18)
Address	
Daytime Phone Number	Evening Phone Number
PERSON TO	CONTACT IN CASE OF EMERGENCY:
Name	Relation
Address	
Daytime Phone Number	Evening Phone Number
VOLUNTEERS UNDER 12 YEAR	RS OF AGE SHALL BE ACCOMPANIED BY AN ADULT.
PARENT/LEGAL GUARDIAN TREATMENT OF MINOR FOR YEARS OF AGE.	SHALL COMPLETE CONSENT TO MEDICAL RM (ATTACHED) FOR ALL VOLUNTEERS UNDER 18
CONSENT TO	O MEDICAL TREATMENT OF MINOR
Activity, I hereby authorize and give agents, volunteers, and any other pro	jury which may occur while said Minor is engaged in the e my consent to the Town, its officials, officers, employees, omoters, operators or co-sponsors of the Activity, to seek medical necessary under the circumstances from a physician licensed ado.
Date:	
Child's Name:	
Signature of Parent or Guardian:	Phone Number:
Family Physician: Insurance Company and Policy No.:	Phone Number:
Pertinent Medical History (e.g. Epile	epsy, Diabetes, Asthma, Allergies to Medicine, etc.):