

FRELINGHUYSEN TOWNSHIP

Volunteer Liability Release Form

Volunteer Information

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____

Phone #: _____ Email: _____

Date of Birth: (mm/dd/yy) _____ Gender: _____

Parent / Legal Guardian (If volunteer is under 18 years old this section must be completed)

First Name: _____ Last Name: _____

Address: _____

City: _____ Zip Code: _____

Phone #: _____ Email: _____

Date of Birth: (mm/dd/yy) _____ Relationship to Volunteer: _____

I (the "Volunteer") am going to perform the following volunteer services (the "Activities"):

Lawn Maintenance Field Maintenance Snack Shack Rec Center OTHER

If you selected "OTHER" Please describe:

Health Statement

Please list any physical or mental conditions that may affect your ability to complete the Activities.

Allergies: _____

Limitations on physical activities: _____

Emergency Contact Information

Emergency Contact (1): _____ Emergency Contact (2): _____

Contact Phone (1): _____ Contact Phone (2): _____

Please review and complete the second and third pages of this form

RELEASE AND WAIVER OF LIABILITY< ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

1. I understand that I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the Frelinghuysen Township. I know of no reason, medical, legal, or otherwise, that would prevent me from performing the Activities. I agree to abide by any policies, provisions, guidelines or rules governing the Activities.
2. Participation in the Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid harm. I understand that the Activities include the risk of death or serious injury. I knowingly assume any and all such risks, both known and unknown, even if arising from the negligence of Frelinghuysen Township. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activities and advise Frelinghuysen Township of the unsafe conditions. I hereby state that I expressly assume any and all such dangers, risks and hazards.
3. I understand that except as otherwise agreed to by Frelinghuysen Township, in writing, Frelinghuysen Township does not carry or maintain health, medical, or disability insurance coverage for me, and that I am not entitled to Workers' Compensation or like coverage or benefits. I am expected and encouraged to obtain my own medical or health insurance coverage.
4. In consideration of being permitted to participate in the activities identified herein, I hereby release and hold harmless Frelinghuysen Township, its officers, employees, agents and volunteers from all liability, and from all actions or claims that I now or hereafter may have from damage or injury to me or to any person or property, of any kind whatsoever, resulting from the negligence or other acts of any officers, employees, agents, employees or volunteers of Frelinghuysen Township in connection with my participation under this agreement. I further agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns. I understand that Frelinghuysen Township does not assume any responsibility for, or obligation to provide, financial assistance or other assistance, included but not limited to medial, health, or disability insurance in the event of my injury or illness.
5. I further agree to indemnify and to hold Frelinghuysen Township, its officers, employees, agents and volunteers free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I may cause or sustain in connection with my participation under this agreement.
6. In case of a medical emergency only, I hereby give permission to Frelinghuysen Township, its officers, employees, agents and volunteers to order treatment for me, including any necessary medical treatment and x-rays. I also hereby give permission to Frelinghuysen Township, its officers, employees, agents and volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses, which I may incur as a result of such treatment. I understand that the Frelinghuysen Township does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness, and that I am hereby being advised to assure that I have adequate medical, health or disability insurance. The Frelinghuysen Township will not disclose my nonpublic personal medical and financial information, except as required or permitted by law.
7. This Release shall be interpreted in accordance with New Jersey law. If any term or provision of this Release shall be deemed to be illegal or unenforceable, the validity of the remaining portions of the Release shall not be affected.

Volunteer's Initials: _____

Parent / Guardian Initials: _____

(If under 18 yrs old Parent / Guardian must initial)

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM OVER 18 YEARS OF AGE AND AM FULLY COMPETENT TO SIGN THIS AGREEMENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND FRELINGHUYSEN TOWNSHIP, AND I SIGN IT OF MY OWN FREE WILL.

VOLUNTEER (print name): _____

VOLUNTEER (signature): _____ Date: _____

THIS SECTION IS REQUIRED IF THE VOLUNTEER IS UNDER 18 YEARS OF AGE.

I, _____, AM THE PARENT OR LEGAL GUARDIAN HAVING CUSTODY OF _____, A MINOR CHILD. AS SUCH PARENT OR LEGAL GUARDIAN, I UNDERSTAND THAT FRELINGHUYSEN TOWNSHIP CANNOT BE LIABLE FOR ANY INJURIES OR ILLNESS THAT MY MINOR CHILD MAY SUFFER WHILE ENGAGED AS A VOLUNTEER. I EXPRESSLY WAIVE ANY SUCH CLAIM FOR COMPENSATION OR LIABILITY ON THE PART OF FRELINGHUYSEN TOWNSHIP. I AM FULLY COMPETENT TO SIGN THIS AGREEMENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT WITH FRELINGHUYSEN TOWNSHIP ENTERED INTO ON BEHALF OF THE SAID MINOR CHILD, AND I SIGN IT OF MY OWN FREE WILL.

PARENT / LEGAL GUARDIAN (print name): _____

PARENT / LEGAL GUARDIAN (signature): _____ Date: _____