



# The Village of Tuscarawas

522 East Cherry Street, Tuscarawas, Ohio 44682



## VOLUNTEER WAIVER FORM

This is to acknowledge that the following person desires to volunteer his/her services to the village of Tuscarawas for no compensation. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the village of Tuscarawas may terminate this agreement at any time without prior notice. **I also understand that I will not be covered by health insurance or workers' compensation coverage.**

I hereby agree that all use of the village of Tuscarawas property shall be undertaken at his/her sole risk, and that the village of Tuscarawas shall not be liable for any injuries to user, or user's property, or be subject to any claim, demand, injury or damages resulting from acts of active or passive negligence on the part of the village of Tuscarawas, its officials, agents or employees. The undersigned, for him/herself and on behalf of executors, administrators and assigns, does hereby expressly forever release and discharge the village of Tuscarawas, its successor and assigns, as well as its officials, employees and agents, for all such claims, demands, injuries, damages, actions or causes of action.

As a volunteer, I agree to abide by all applicable rules and regulations of the village of Tuscarawas and to fulfill the volunteer responsibilities to the best of my ability. By signing this form, I shall indemnify and hold harmless the village of Tuscarawas against any claims and liabilities arising out of any injury, damage, action or cause of action to or by the undersigned or resulting from the undersigned's active or passive negligence. I further agree I shall be responsible for repairing or paying the cost to repair any property or natural resource damaged by organization's/his/her misuse or negligence.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent / Guardian Printed Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Student Name: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Emergency contact person's name: \_\_\_\_\_

Emergency contact person's numbers: \_\_\_\_\_