



VOLUNTEER ASSUMPTION OF RISK, RELEASE AND WAIVER OF LIABILITY
THIS FORM MUST BE COMPLETED BEFORE ANY VOLUNTEER PARTICIPATION WILL BE ALLOWED

Thank you for offering your volunteer services to the Harrison Township Public Library. Please read, complete, and sign the following form in order to volunteer at the library.

VOLUNTEER INFORMATION

Volunteer's Name _____ Date of Birth ____/____/____

Address _____ City/State Zip _____

Email _____ Phone Number _____

EMERGENCY CONTACT INFORMATION

Emergency Contact _____

Relationship to Volunteer _____ Phone Number _____

VOLUNTEER ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY

In consideration of the valuable opportunities offered to me as a volunteer at the Harrison Township Public Library (hereinafter referred to as HTPL), I hereby assume all risk and waive, release and discharge any and all claims for damage, personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of volunteering at the HTPL. This release is intended to discharge in advance the HTPL, its officers, employees, volunteers, and agents from any and all liability arising out of or connected in any way from volunteering at HTPL even though that liability may arise out of negligence or carelessness on the part of those parties. I understand that volunteering at the HTPL involves an element of risks and dangers that may result in serious injury or death. I acknowledge that I am aware of these risks and dangers, and accept all responsibility for any damages or personal injury that may occur as a result of my participation in such activities. It is further agreed that this Volunteer Assumption of Risk, Release and Waiver of Liability ("Release"), is to be binding on my heirs, personal representatives, and assigns. I agree to defend, indemnify and to hold harmless the HTPL and its board members, officers, employees, volunteers, and agents from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain or cause while participating in the volunteer activities offered by the HTPL.

I understand that as a volunteer, I will not be paid for my services and that my services can be ended at any time and for any reason by the HTPL or myself. If volunteer duties include driving a vehicle, proof of a valid driver's license and proof of insurance will be provided to the HTPL.

Continues on the back.

CONSENT OF PARENT/GUARDIAN (If Participant is a minor)

I am the parent or legal guardian of the participant. I hereby consent that the participant may participate in volunteer activities at the HTPL and I hereby execute this Release on his/her behalf. I hereby affirmatively state that the said participant is physically and mentally able to perform all of the essential requirements for volunteering at the HTPL. On behalf of myself and my child, I release the HTPL and its board members, officers, employees and agents from any claims, actions and losses for any bodily injury or property damage that may arise out of my child's participation in HTPL volunteer activities. I hereby agree to defend, indemnify and hold harmless HTPL and its board members, officers, employees, volunteers and agents from any loss, liability, damage, cost or expense that they may incur as result of the death or any injury or property damage that the participant may sustain or cause while participating in volunteer activities offered by the HTPL.

I HAVE CAREFULLY READ BOTH FRONT AND BACK OF THIS VOLUNTEER RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE HARRISON TOWNSHIP PUBLIC LIBRARY AND I SIGN IT OF MY OWN FREE WILL.

Print Name (If not the participant)_____Relationship_____

Signature_____Date_____

Approved: January 18, 2021
Harrison Township Public Library Board of Trustees