

North Attleboro Park & Recreation Department

Volunteer Waiver For Minors

(For volunteers who are under 18)

I/we______, being the parent(s) and/or legal guardian(s) of, _________ do herby consent to allow_________to perform volunteer service work for the Town of North Attleborough. In consideration of being allowed to perform this volunteer service I/we do hereby release the Town of North Attleborough and its officials, officers, agents, and employees from liability for any harm, injury or damage which______ may suffer, sustain, and/or incur while in the course of performing the volunteer work which is assigned. This release applies to all risks which are connected with this work whether foreseen or unforeseen. I/we do understand the supervisor responsible for directing the volunteer work will make an effort to inform_______ of the general hazards involved with the work to be undertaken. This release applies to damages suffered by_______, by myself/ourselves as well as my/our family, heirs, and assigns as a result of any harm or injury which _______ or I/we may suffer.

I/we agree to hold the Town of North Attleborough and its officials, officers, agents, and employees harmless from any claims made by myself/ourselves, my/our family, estate(s), heirs, or assigns out of ______'s volunteer service for the Town of North Attleborough.

I/ we further agree I/we shall hold harmless, indemnify and defend the Town of North Attleborough, its officials, officers, agents, and employees from any damage to persons or property, resulting from ______''s negligence and/or intentional acts.

I/we further assume the responsibility of the physical fitness and ability to perform the work which is assigned to______. If I/we do not feel _______ is capable of performing the volunteer work assignment, I/we shall assume the responsibility of informing the volunteer services coordinator.

I/we am/are of lawful age and legally competent to sign this release as the legal guardian(s) of _______ and have signed this document as my/our free act.

I/we have fully informed myself/ourselves of the contents of this release by reading it by signing it. I/we realize that by signing this document I/we am/are giving up legal rights which I/we may be entitled to.

Date

Volunteer's Name

Date

Parent or Legal Guardian (Print & Sign)