



Volunteer Waiver Release and Indemnity

Name of Volunteer (please print) _____

Address _____

Phone _____ Email Address _____

Volunteer Activity _____

Dates/Location of Volunteer Activity _____

I, the undersigned volunteer, desire and agree to volunteer for the Town of Indian Trail in the volunteer activity described above. I further understand and agree as follows:

1. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of the Town, and the Town will not provide insurance coverage for me;
2. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity;
3. I understand that I am not covered by the Town's worker's compensation or health insurance policies and I assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that the Town is not responsible for conditions that I create myself or those created by other volunteers or participants;
4. I, binding my heirs, executors, administrators and assigns, hereby agree to release, hold harmless and indemnify the Town of Indian Trail, its officers, officials, employees, agents and volunteers from and against any and all loss, damage, expense or cost (including attorney fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity, whether caused by the negligence of the Town or otherwise; and
5. I (and parent/legal guardian if volunteer is under age 18) have carefully read this release and understand and agree with the terms and conditions set forth herein in their entirety.

Signature of Volunteer

Date

Signature of Parent Legal Guardian (required if volunteer is under age 18)

Date



Volunteer Waiver Release and Indemnity

FIRST WITNESS

Printed Name

Street Address, City and State

Signature

Date

SECOND WITNESS

Printed Name

Street Address, City and State

Signature

Date