



**Neighborhood Revitalization Cleanup - Volunteer Waiver, Release and Indemnity**

Name of Volunteer (please print) \_\_\_\_\_

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

**Location of Activity: 2517 Betula, Copley Ohio**

I, the undersigned volunteer, desire and agree to volunteer for Copley Township 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 Township. I understand and agree that Copley Township does not carry medical, workers compensation or liability insurance covering me and that such insurance will not be available to me in case of my injury or death. I acknowledge to Copley Township that I have adequate medical and hospitalization insurance for any injuries that might occur as a result of my participation.
2. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity, and I attest that I am physically able to participate as a volunteer.
3. I assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including injury or death to myself or others or damage to property that may result while volunteering, and I understand that the Township 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 Copley Township, its Trustees, officers, officials, employees, agents and volunteers from and against any and all loss, damage, expense or cost (including attorneys fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity.

I (and parent/legal guardian if volunteer is under age 18) have carefully read this release and understand and agree with all of its terms and conditions.

\_\_\_\_\_  
*Signature of Volunteer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent/Legal Guardian if under 18*

\_\_\_\_\_  
*Date*

