

# Volunteer Waiver Form

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Additional Family Members' Names: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Are you over age 18? \_\_\_\_\_ yes \_\_\_\_\_ no

Organization you represent (optional): \_\_\_\_\_

## **Emergency Contact Information:**

Name / Phone # / Any other relevant info:

\_\_\_\_\_  
\_\_\_\_\_

## **NOTICE TO VOLUNTEER & AGREEMENT BY VOLUNTEER**

I understand that I am not an employee of Genesee County (the "County") and will not receive payment for my volunteer services. I will not represent myself as an employee of the County and understand that as a volunteer, **I am not covered by the Workers' Compensation Laws of New York State.**

As a volunteer I agree to take full responsibility for my own actions, safety and welfare. I agree to release, indemnify and save harmless the County, its officers, officials, agents, employees, successors and assigns, from and against any and all liabilities, actions and causes of action which may arise, directly or indirectly from my participation as a volunteer.

I further understand that as a volunteer I am not allowed to operate any power equipment, drive County vehicles, handle County funds, supervise County employees, provide "life guarding" services or use/handle pesticides, herbicides or other hazardous chemicals. Exceptions to these restrictions must be approved in writing by the Parks Supervisor.

I declare that all the information provided on this application is true, and I understand that any falsifications or misrepresentation may result in my termination from the County's volunteer program.

Volunteer Signature: \_\_\_\_\_

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

Parent/Guardian Signature if Volunteer is under 18: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_