



Town of Lincoln Volunteer Information

Volunteer Name:	
Contact Email:	Contact Phone
If under 18, Guardian Email:	
Address:	
Town:	Postal Code:
Emergency Contact Name:	
Relationship to Volunteer:	Phone Number:
VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER AGE 18	

Office Use Only	
Waiver Signed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Manual Agreement and Photo Release Signed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vulnerable sector check received (18+)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A



Town of Lincoln Volunteer Waiver and Release

Waiver and Indemnification

In return for being allowed to participate in Town of Lincoln volunteer activities and all related activities, including any activities incidental to such participation (“Volunteer Activities”), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using “I”, “me”, or “my”) releases and agrees not to sue the Town of Lincoln or its Mayor, Council, employees, sub-contractors, donors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Corporation of the Town of Lincoln are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury, permanent disability, and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Corporation of the Town of Lincoln for all claims arising out of my participation in the Volunteer Activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the province in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that if I am over the age of 80 years old that the Corporation of the Town of Lincoln has not arranged and does not carry any insurance of any kind for my benefit or that of my trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities. I hereby give the Corporation of the Town of Lincoln staff permission to seek medical necessary on my behalf as may be required during Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Corporation of the Town of Lincoln.

Acknowledgment


Initials



Town of Lincoln Volunteer Waiver and Release

Manual Agreement

I agree that I have read the Volunteer Manual. I agree that I will abide by the Policies and Procedures in the manual. I also acknowledge that I have read and understand the policies regarding confidentiality while I am a volunteer within the department. I will use the manual in the case of any questions or concerns and refer to the manual for reference use.

Photo Release

I grant permission to the Town of Lincoln and persons acting for or through them, now and forever, the right to use, reproduce and / or distribute images, sound recordings and video recordings of me (or my child). I understand these photographs or recordings will be used to promote the Town of Lincoln and its activities, services or programs. I understand the items indicated as 'yes' above may be used for an indefinite period of time. I agree to these conditions.

Volunteer Name (Please Print):	
Guardian Name (If volunteer is under 18):	
Volunteer/Guardian Signature:	Date:
Staff Acknowledgement of Receipt:	Date:
This waiver applies to the use of all facilities, premises and equipment and participation in all volunteer activities, programs, services, or events provided, taking place on or in any Town of Lincoln Facility or property.	