



Keep Pennsylvania Beautiful Volunteer Waiver Form

Event _____

Date _____

Name of Volunteer (print)

Date of Birth

Are you under 18? _____
(Also complete Parental Consent below)

Address

Participating Group/Organization

City, State, Zip

County

Home Phone

Work Phone

Emergency Phone Number

If you or your child has special medical needs that might require medication or special practices, i.e., bee sting allergy, asthma, diabetes, please note below and make sure you or your child has the equipment needed to handle the situation.

Special Medical Needs or Known Allergies

General Volunteer Waiver

In consideration of the opportunity to engage in volunteer work through Keep Pennsylvania Beautiful I, the undersigned, my heirs and assigns, hereby waive all claims for injuries, damages or losses to my person or property which may be caused directly or indirectly, by any act, omission or negligence arising from or related to the activities of Keep Pennsylvania Beautiful. I, the undersigned, understand that by participating in this volunteer activity I will be exposed to the risks of accident and injury and that I will follow Keep Pennsylvania Beautiful safety requirements and instructions. I hereby release and hold harmless Keep Pennsylvania Beautiful and their officers, agents and employees from any and all claims, including bodily injury, death or property damage which may occur due to my or my child's participation in these volunteer activities. I, the undersigned, my heirs and assigns, hereby covenant and agree to indemnify and hold harmless Keep Pennsylvania Beautiful their officers, agents and employees and all property owners from any and all costs, charges, claims, demands, losses, damages, causes of action, suits and liabilities of any kind, including the expenses of litigation, court costs and attorney's fees, for injuries to, or the death or illness of any person, or for damage to any property, arising out of or in connection with my involvement in the volunteer activities, regardless of whether such injuries, illness, death or damages are reasonable or unreasonable, or foreseeable or unforeseeable to the parties to this agreement. I, the undersigned, my heirs and assigns, hereby further covenant Keep Pennsylvania Beautiful their officers, agents, and employees and/or property owners for any matter which arises from the execution of the volunteer work. I agree that Keep Pennsylvania Beautiful may take my photograph & use my image to promote the purposes of Keep Pennsylvania Beautiful with no compensation due me.

Signature of Volunteer

Date

Parental Consent required if Volunteer is under age 18:

Name of Child

has my permission to participate in this Keep Pennsylvania Beautiful event. If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name (print)

Relationship to Child

Phone Number

Signature of Parent/Legal Guardian

Date

Each volunteer must sign and return this release form to the event coordinator prior to participating in any Keep Pennsylvania Beautiful volunteer activity.