



SOUTH FAYETTE T O W N S H I P

A Community Growing Together

Volunteer Waiver Form

412-221-8700

www.SouthFayettePA.com/volunteer

If event volunteer, list event name: _____ Event Date: _____

Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____ Yes, email me news & alerts

If applicant is under the age of 18, please list parent/guardian contact information:

Emergency Contact: _____ Emergency Phone: _____

PLEASE READ:

I, the undersigned participant, parent or guardian, assume responsibility for all risks, hazards and injuries incidental to the conduct of the volunteer activity, and I do further release, absolve, indemnify and hold harmless South Fayette Township, its representatives and its agents from all claims or liability for damages and/or injuries incurred by in connection with programs, events or activities.

In case of accident or illness, I hereby give my consent for emergency medical treatment. I agree to be the party responsible for all medical expenses that are incurred on my behalf. I understand that the township does not provide insurance coverage and that this is a personal responsibility.

I hereby grant permission to be photographed, and my name to be reproduced, for any publicity or informational purpose without obligation or liability.

I understand that I will not be compensated for my volunteer service with South Fayette Township.

If over the age of 18 and working with children, I understand that I am responsible to complete and repeat within 36 months thereafter a PA Criminal History, a PA Child Abuse History and an FBI Criminal History, which may include fingerprinting. Copies of clearances will be provided to South Fayette Township.

Participant: By signing below, I certify I have read and agreed to the above conditions and statements.

Parent/Guardian: By signing below, I give consent for the minor applicant to participate as a volunteer with South Fayette Township.

I acknowledge that typing or entering my name below constitutes my electronic signature and has the same force and effect as my handwritten signature.

Signature: _____ **Date:** _____