

**FREMONT TOWNSHIP VOLUNTEER WAIVER**  
**RELEASE OF ALL CLAIMS, AND PERMISSION TO SECURE**  
**TREATMENT**

*Please read this form carefully and be aware in signing up that as a volunteer for Fremont Township, that you will be waiving and releasing all claims for injuries you might sustain arising from this program.*

As a volunteer for Fremont Township, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with volunteering.

I agree to waive and relinquish all claims I may have as a result of volunteering for Fremont Township, against the Township and its officers, agents, servants and employees.

I do hereby fully release and discharge the Township and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to me on account of volunteering for the Township.

I further agree to indemnify and hold harmless and defend the Township and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or arising out of, connected with, or in any way associated with volunteering for the Township.

In the event of an emergency, I authorize **Township Staff** to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment and all medical services rendered.

I have read and fully understand the above Waiver, Release of All Claims, and Permission to Secure Treatment.

Participant's Name: \_\_\_\_\_  
(Please Print)

Participant's Signature \_\_\_\_\_

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

**FREMONT TOWNSHIP VOLUNTEER PARENT/GUARDIAN WAIVER**  
**AND RELEASE OF ALL CLAIMS**  
**PARENT CONSENT FORM**

*Please read this form carefully and be aware in signing your minor up as a volunteer for Fremont Township, that you will be waiving and releasing all claims for injuries your minor might sustain arising from this program.*

As the parent/guardian of a minor volunteer for Fremont Township, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which may sustain as a result of participating in any and all activities connected with or associated with volunteering.

I agree to waive and relinquish all claims I or the minor participant may have as a result of volunteering for the Township, against the Township and its officers, agents, servants and employees.

I do hereby fully release and discharge the Township and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which the minor participant may have or which may accrue to the minor participant on account of volunteering.

I further agree to indemnify and hold harmless and defend the Township and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by the minor participant or arising out of, connected with, or in any way associated with volunteering.

In the event of an emergency, I authorize **Township Staff** to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for the minor participant's immediate care and agree that I will be responsible for payment and all medical services rendered.

I have read and fully understand the above Program Details, Waiver and Release of All Claims and Permission to Secure Treatment.

**I, \_\_\_\_\_, certify that I am the parent/ guardian of the minor applicant \_\_\_\_\_ and hereby give my consent for the minor to volunteer for Fremont Township.**

Minor Participant's Name: \_\_\_\_\_  
(Please Print)

Minor Participant's Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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