



VOLUNTEER WAIVER FORM (Persons Under Eighteen)

This is to acknowledge that the following person desires to volunteer his/her services to the Tuscarawas County Park Department for no compensation. I understand that I will receive no monetary benefits in return for the volunteer service I provide and that the Tuscarawas County Park Department may terminate this agreement at any time without prior notice. **I also understand that I will not be covered by health insurance or workers' compensation coverage.**

I hereby agree that all use of the Canal Lands – Towpath Trail shall be undertaken at his/her sole risk, and that Tuscarawas County shall not be liable for any injuries to user, or user's property, or be subject to any claim, demand, injury or damages resulting from acts of active passive negligence on the part of Tuscarawas County, its officials, agents or employees. The undersigned, for him/her and on behalf of executors, administrators and assigns, does hereby expressly forever release and discharge Tuscarawas County, its successor and assigns, as well as its officials, employees and agents, for all such claims, demands, injuries, damages, actions or causes of action.

As a volunteer, I agree to abide by all applicable rules and regulations of the Tuscarawas County Park Department and to fulfill the volunteer responsibilities to the best of my ability. By signing this form, I shall indemnify and hold harmless Tuscarawas County against any claims and liabilities arising out of any injury, damage, action or cause of action to or by the undersigned or resulting from the undersigned's active or passive negligence. I further agree I shall be responsible for repairing or paying the cost to repair any property or natural resource damaged by organization's/his/her misuse or negligence.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Telephone: _____

Child/Student Name: _____ Age: _____

Address: _____ Date of Birth: _____

City/State/Zip Code: _____

Emergency contact person's name: _____

Emergency contact person's numbers: _____