

**Release and Hold Harmless Acknowledgement
for those volunteering services to Rootstown Township**

Name: _____

Home Address: _____

Home Phone: _____

Volunteer Services Provided For: _____

Date/Time of Program: _____

VOLUNTEER'S ACKNOWLEDGEMENT

I, _____, the undersigned volunteer, to hereby consent and acknowledge that:

1. I am a volunteer donating my time and services to the Township of Rootstown located in the Portage County, Ohio.
2. I understand and acknowledge I will receive no salary, compensation, or remuneration of any kind, nor be covered by workers' compensation or receive any benefits that Rootstown Township may provide to those it actually employs, and that by signing this acknowledgment I fully understand that no employer-employee relationship is being formed with Rootstown Township.
3. I hereby fully release and hold harmless Rootstown Township, its officers, agents, and employees from any and all liability, claims, and causes of action for any damage to property and any injury or other harm occurring to me that arises from my volunteer service to Rootstown Township.

I further state that I have carefully read this release and hold harmless acknowledgment and fully understand its contents and hereby voluntarily sign this document.

Volunteer's Signature _____ Date _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

Medical Issues: (i.e.—allergic to bees, etc.) _____

PARENTAL CONSENT (required for volunteers under 18 years of age)

I have reviewed the volunteer application and give my consent for (first and last name)

_____ to participate in this program, subject to
the terms and conditions set forth.

Parent/Guardian Signature: _____ Date: _____