

St. Clair Township

Dave Barnes
Supervisor

Jim Hursey
Road
Commissioner

Jana Moll
Clerk

107 Service Street
Swansea, IL 62226-3943

Phone 618-233-3437
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Trustees

Don Wallace

Julie Miller

John Vosler

Michael Isenhart

Volunteer Waiver of Liability

Thank you for working today. We greatly appreciate your assistance and commitment to creating a better park experience for our community. Our insurance policy requires that we have an accurate record of all volunteers. This is an annual form where you agree to release St. Clair Township of all liability while working with St. Clair Township. **This form is in effect for one year from the signing date.**

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____ 20___, by _____ (the volunteer") in favor of St. Clair Township.

The Volunteer desires to work as a volunteer for St. Clair Township and engage in the activities related to being a volunteer.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless St. Clair Township from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with St. Clair Township.

Volunteer understands that this Release discharges St. Clair Township from any liability or claim that the Volunteer may have against St. Clair township with respect to any bodily injury, personal injury, illness, death, whether causes by the negligence of St. Clair Township or otherwise. Volunteer also understands that St. Clair Township does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment: Volunteer does hereby release and forever discharge St. Clair Township from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with St. Clair Township.

Assumption of Risk: Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases St. Clair Township from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance: the Volunteer understands that, except as otherwise agreed to by St. Clair Township in writing, St. Clair Township does not carry or maintain health, medical, Life, or disability insurance for any Volunteer.

Photographic Release: volunteer does hereby grant and convey unto St. Clair Township all rights, title, and interest in any and all photographic images and video or audio recordings made by St. Clair Township during the Volunteer's Activities with St. Clair Township, including, but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Illinois and that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois. Volunteer agrees that in the event that any clause or provision of the Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed the Release as of the day and year first above written.

Volunteer Name (Print Please): _____

Volunteer Signature: _____

Today's Date: _____

Volunteers Address: _____

Group/Organization: (if applicable) _____

*******If the volunteer is under the age of 18 a parent or legal guardian must sign.*******

Parent Signature: _____ (if 18 or under)

In case of emergency, please contact:

Name: _____

Relation: _____

Address: _____

Phone: _____