

## RICHFIELD HERITAGE PRESERVE VOLUNTEER WAIVER AND RELEASE

Richfield Joint Recreation District, P.O. Box 246, Richfield, OH 4428-246

DICHE	I,	·	in	exchange	for the
KICHF#ELD	opportunity to volui	nteer my time to the Ri	chfield Jo	int Recreation	on Distric
Joint Recreation District	for Project or Ev	/ent		,	make the
I understand that my wor me to various risks of injunction Richfield Joint Recreation entities (such as the Villa illness arising from my p	k as a volunteer for t ury or illness. I unde on District, its agent age of Richfield and	erstand and assume the s, elected officials, an Richfield Township) o	reation Dis ese risks, a d employe	trict (RJRD) n and agree not es, or any ot	to hold the
I, for myself, my heirs, release, discharge, inder elected officials and em liabilities, suites. Expen unforeseen, arising direct as a result of my particip death results from the ne officials, or employees. Fagainst, sue, or otherwise or its agents, officials, o volunteer.	mnify and hold harm aployees, from and ses (including attor attly or indirectly out co pation as a voluntee egligence, recklessner further, I agree that no e maintain an action	nless the Richfield Jo against any and all o mey fees) of any kind of any damage, loss, in r for the RJRD, whethe ess, or other culpability neither I, nor anyone ac of any kind against the	oint Recreat claims, act d or natur jury, or dea er or such y of the RJI etting on my e Richfield	tion District, ions, causes e, whether fo ath to me or m damage, loss RD or its ager behalf will m	its agents of action oreseen o ny propert s, injury, o nts, electe ake a clain
I agree that neither the R have assumed a special volunteer.		-	_		
I understand that this wai State of Ohio, and agree continue in the full force read and understand it; the to be bound by the same to parent/guardian if Rele	that if any portion is and effect. In signing hat I sign it voluntari ; and that I am at lea	held invalid, the rema g this agreement, I ack ly and for full and aded st eighteen (18) years o	inder of the nowledge a quate consi of age and	e waiver and name wand represent ideration, full	release wi that I have y intending
					<u>'</u>
*Volunteer	* Pı	rinted Name		*Dat	е
					, ,
*Volunteer Parent (if Und	er 18) * Pi	rinted Name		* Da	// te
*Email AddressPlease I	Print Clearly	*Phone Number			
Address		City, State, Zip		Country if a	pplicable
		Than	k vou fa	or Volunte	erina!
*Emergency Phone Numb	ber * Name/Relati	ionship	_	e all things	