



# Homer Township

## Volunteer & Committee Waiver

14350 West 151<sup>st</sup> Street, Homer Glen, IL 60491 Phone: 708-301-0522

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Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

I, the above listed Volunteer, desire to work as a volunteer for Homer Township and engage in the activities related to being a volunteer for a work project. I hereby voluntarily, execute this Volunteer Waiver under the following terms:

I, the Volunteer, release and hold harmless Homer Township and its successors and assigns 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 my volunteer work with Homer Township.

I understand that this Waiver discharges Homer Township from any liability or claim that I, the Volunteer, may have against Homer Township with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on Homer Township's work site. I also fully understand that Homer 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, illness, death or property damage.

I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of Homer Township beyond what may be offered freely by the representative of Homer Township in the event of such injury or medical expense.

I hereby release Homer Township from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with Homer Township.

I understand that my time with Homer Township may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release Homer Township from all liability for injury, illness, death, or property damage resulting from the activities of my time with Homer Township.



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I grant unto Homer Township all right, title, and interest in any and all photographic images and video or audio recordings that are made by Homer Township during my work with Homer Township, including, but not limited to, any royalties, proceeds, or other benefits that are derived from such photographs or recordings.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Illinois in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Illinois. I agree that in the event that any clause or provision of this Waiver 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 enforceable.

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Volunteer's Signature

Date

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Print Volunteer's Name

In the event the volunteer is younger than 18 years of age, a signature of the volunteer's legal guardian is required below:

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Legal Guardian of above signed volunteer

Date

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Print Guardian's Name