



<b>Team #</b> <hr/> WCT Use Only
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## Volunteer Registration

**Forms must be completed in full and returned before the event**

**Volunteers must be at least 10 years of age.**

Organization \_\_\_\_\_

Name \_\_\_\_\_

Email \_\_\_\_\_

Please check if you are the Team Leader

Please assign me to a group.

Please check if you are the Co-Leader

Please note date and time of team leader meeting

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

**Parent's permission for volunteers under 18 years of age (parent's signature)**

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Volunteer's age if under 18: \_\_\_\_\_

I will volunteer on event day from: Start Time: 9 a.m. to End Time: \_\_\_\_\_  a.m.  p.m.

In addition to myself, I can provide transportation for \_\_\_\_\_ people

I have a \_\_\_\_\_ foot ladder for use.

I can transport a ladder throughout the day of the event.

I have no problem with heights / am able and willing to climb a ladder.

I have \_\_\_\_\_ rakes for use and will transport them.

**Please mark your equipment with your name.**

**Waiver must be signed and submitted with application.**

If you are organized into a group, please give your registration form to your Group Coordinator so it can be turned in together before the deadline.

**Individuals:** please fax (513-777-1813), email ([lgroff@westchesteroh.org](mailto:lgroff@westchesteroh.org)), or mail your registration to RASKALS, West Chester Township, 9113 Cincinnati Dayton Road, West Chester, OH 45069



**RASKALS**

**Random Acts of Simple Kindness Affecting Local Seniors**

I understand that the nature of this activity may involve certain dangers and risks, and I voluntarily assume all risks of accident or injury. I hereby release and forever discharge West Chester Township Trustees, and their respective employees, officers, agents, elected and appointed officials, donors, coordinators and volunteers ("West Chester Township") from any and all liability for personal injury, death, or property damage of any kind sustained in any manner arising from my participation in **RASKALS**. I agree to indemnify and hold harmless West Chester Township from any and all claims, liability, loss and expense, including but not limited to damages, legal expenses and costs of defense, and all claims of any nature whatsoever, in any manner, arising from my participation in **RASKALS**. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Further, I hereby agree that any video or photographs taken of me by West Chester Township or their respective agents are owned by West Chester Township. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else. I hereby waive all my rights to inspect and approve the finished product. Nothing herein will constitute any obligation on West Chester Township to make any use of any of the rights set forth herein and I hereby grant to West Chester Township and to such other persons or entities that may be designated from time to time, the absolute right and permission to use or license the use, in perpetuity, without compensation, my name, portrait, likeness, voice, image and photograph of me either alone or accompanied by other material, in any manner and in any media for the purpose of promotion of West Chester Township and its respective programs.

Your signature constitutes acceptance of the terms of this legal document.

Participants under 18 years of age must have a parent or legal guardian sign for them.

Date: \_\_\_\_\_

Full Name of Participant (Printed) \_\_\_\_\_

Individual Executing Release: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Full name printed (if different from Participant)

Participant address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

E-Mail Address (optional) \_\_\_\_\_



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Participant address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Emergency contact phone \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

E-Mail Address (optional) \_\_\_\_\_