



You couldn't pick a better place.

RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability (the "Release") executed by the "Volunteer" in favor of The Township of Cherry Hill. The Volunteer desires to work as a volunteer for the Township and engage in the activities related to being a volunteer. The Volunteer understands that the activities may include the following:

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 the 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 Volunteer's Activities with the township. Volunteer understands that this Release discharges Township from any liability or claim that the Volunteer may have against the Township with respect to any bodily injury, illness, death, or property damage that may result from Volunteer's Activities with the Township, whether cause by the negligence of Township or its officers, directors, employees or agents or otherwise. Volunteer also understands that Township does not assume any responsibility for or obligation to provide financial assistant 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 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 the Township.

ASSUMPTION OF THE RISK: The Volunteer understand that the Activities included work that may be hazardous to the Volunteer

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases the 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 the Township in writing, the Township does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

PHOTOGRAPHIC RELEASE: Volunteer does hereby grant and convey unto the Township all right, title, and interest in any and all photographic images and video or audio recordings made by the Township during the Volunteer's Activities with the Township, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. Volunteer also hereby releases the Township to publish any and all images and recordings taken by the Township staff and volunteers in which the Volunteer appears, to be used by the Township for marketing and public relations purposes.

OTHER: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the law of the State of New Jersey and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by a 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.

By signing below, I acknowledge that I have not been advised to quarantine by a medical professional, within the past 10 days - I have not had known exposure to anyone (6 feet or closer for more than 15 minutes) to anyone diagnosed with COVID-19, nor do I have any symptoms of illness at my time of signature or on the date of my scheduled volunteer project.

I further state that I have carefully read the foregoing release, know its contents and sign as my own free act.

NAME: _____

PHONE: _____

EMAIL: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

EMERGENCY CONTACT NAME: _____

RELATIONSHIP: _____

PHONE: _____

VOLUNTEER SIGNATURE: _____

DATE: _____

DATE OF BIRTH: _____

PARENT SIGNATURE IF UNDER 18 YEARS OLD: _____