



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

Team # ____ & ____ Client # ____, ____ & ____ <i>(to be completed by West Chester Twp.)</i>

Volunteer Information

Work Event – Saturday, Nov 12, 2011

There will be a **MANDATORY** meeting for Team Leaders at **The West Chester Activity Center (former library, 7900 Cox Road)**, at 7 p.m. on Wednesday, Nov 9th, to assign work orders to groups.

Forms must be completed in full and returned by Oct 14, 2011

Name		Email	
<input type="checkbox"/> Please check if you are the Team Leader <input type="checkbox"/> Please check if you are the Co-Leader			
Organization			
<i>Volunteers must be at least 10 years old.</i>		<input type="radio"/> Please assign me to a group.	
Address			
City		State	Zip
Day Phone	Cell Phone	Evening Phone	Fax
Parent's permission for volunteers under 18 years of age (<i>parent's signature</i>)			
Notify in case of emergency			Phone
I will volunteer that day from	Start Time: 9am	End Time:	
	Coffee/donuts/Juice: 8:30am	<input type="radio"/> a.m. <input type="radio"/> p.m.	

I could provide transportation for ____ people in addition to myself.

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 on the reverse side.

If being organized into a group, please give your registration to your Group Coordinator so they can be turned in before the Oct 14th Deadline.

Individuals: please mail or fax your registration by **Oct 14, 2011** to: 513-777-1813

RASKALS, West Chester Township, 9113 Cincinnati Dayton Road, West Chester, OH 45069



West Chester Township

Agreement to Participate
Release and Indemnification Form

Fall RASKALS

Saturday, November 12, 2011

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)