



Volunteer Waiver and Release form

Volunteer Name: _____

Check here if volunteer is under age 18 ____

Contact E-Mail (required) _____

Parent or Legal Guardian Email (if under 18) _____

Address _____

Phone _____

Emergency Contact

Name: _____

Relationship to volunteer _____

Phone _____

**VOLUNTEERS MUST COMPLETE THE
WAIVER AND RELEASE FORM**

**PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED
IF VOLUNTEER IS UNDER AGE 18**

**James V Brown Library and Lycoming County Library System
19 East Fourth St
Williamsport PA 17701
570-326-0536**

WAIVER AND RELEASE FORM
RELEASE OF LIABILITY

In return for being allowed to participate in James V Brown Library and Lycoming County Library System ("Library") volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned volunteer or parent/legal guardian of volunteer (hereafter referred to using "I", "me" or "my") agrees to indemnify and hold harmless the James V Brown Library and/or the Lycoming County Library System or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates from and against any and all claims. This indemnity/hold harmless obligation should be upheld for any and all claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the volunteer activities wherever, whenever, or however the same may occur.

I understand and agree that the library is not responsible for any injury or property damage arising out of the volunteer activities.

I understand that participation in the volunteer activities involves certain risks. I am voluntarily participating in volunteer activities with knowledge of risk and I agree to accept all risks of participation.

I understand that this document is intended to be broad and inclusive as permitted by the laws of the state in which the volunteer activities take place and agree that if any portion of this agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that this document is a contract which grants certain rights to and eliminated the liability of the James V Brown Library and the Lycoming County Library System.

(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand it.

(Signature of Parent/Legal Guardian if volunteer is under 18)

Date

I am the parent or legal guardian of the volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand it.