



## SERVICE DAY 2025 WAIVER

PLEASE COMPLETE AND BRING WITH YOU ON SERVICE DAY!

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

Age (if under 18): \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Organization: \_\_\_\_\_ Leader: \_\_\_\_\_

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All volunteers must sign this waiver. Volunteers under the age of eighteen (18) must also have a parent or guardian sign this waiver.

**I understand that I am going to participate as a volunteer for Service Day on Saturday, April 26, 2025. I understand that I am responsible for my behavior and actions and that I will only perform volunteer work that I feel physically capable of performing. In consideration of my being permitted to participate as a volunteer for Service Day, I, on behalf of myself and any of my personal representatives, heirs, and next of kin, hereby COVENANT NOT TO SUE and to HOLD HARMLESS, RELEASE, AND INDEMNIFY Leadership Westerville and the Westerville Area Chamber of Commerce, their officers, agents and/or employees, as well as any recipient of my volunteer services (hereinafter referred to as the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever, brought by any party against any party, arising out of my participation in Service Day and whether caused by the negligence of the Releasees or otherwise.**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if you are under the age of eighteen)

\_\_\_\_\_  
Date

**In case of an emergency, please contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone