

Volunteer Service Program
AGREEMENT FOR INDIVIDUAL VOLUNTARY SERVICES

Name of Participant (Print name) Age (if under 18) Telephone number E-mail address
Street Address City State Zip Code

IMPORTANT: Name and phone number of person to contact in case of emergency

Name of group you are with (i.e., Cub/Boy/Girl Scout Troop or Pack # \_\_\_\_, business, homeowners association, etc.)

Name and phone number of group contact person

I am aware of the nature of this activity and I hereby assume responsibility for myself, and/or the above named participant, to participant and to be photographed for publicity purposes. I will not hold Keep Chatham Beautiful, Chatham County Commissioners, Chatham County Board of Education, and/or its employees or any sponsors responsible in case of accident or injury as a result of participation in this activity. I waive my rights to involve any of the herein named parties in a lawsuit for any injuries or claims arising under my actions with this organization I expressly authorize use of my photograph or those of the above named participant for brochures or advertisements sanctioned by Keep Chatham Beautiful.

Date Participant's signature (or Parent if participant is under 18)

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Name Daytime phone number

Thank you for caring about our environment!

