



Board of Commissioners

Department of Risk Management

105 E. Market Street
Xenia, Ohio 45385-3111

Phone: (937) 562-5213
Fax: (937) 562-5236

**VOLUNTEER RELEASE,
CONSENT FORM
AND
WAIVER OF LIABILITY AND WORKERS
COMPENSATION BENEFITS**

ALL VOLUNTEERS:

I, or my parent/guardian if I am a minor child (hereinafter "the Volunteer"), hereby release, indemnify and hold harmless the Board of Greene County Commissioners and Elected Officials, the Greene County Park District, and the County Department sponsor of the volunteer site(s) (hereinafter "the County"), from any and all liability, claims, demands, and causes of action of whatever kind or nature (including workers compensation attributed to the County for illness/injury/disability) incurred in conjunction with volunteering for the program identified below. In addition, the County has my permission to use any photographs or videos taken for publicity purposes. This waiver is valid until rescinded in writing by the Volunteer.

Volunteer Name: _____ Volunteer Age: _____
Volunteer Address: _____
Volunteer Birthdate: _____ Phone #: _____
County Program/Department: _____
General Tasks: _____
Apx # Hours Per Week: _____ Start Date: _____ End Date: _____

Date **Volunteer's Signature**

Volunteer's Name – Please Print

MINOR CHILD VOLUNTEERS:

In compliance with Chapter 4109 of the Ohio Revised Code, all volunteers under eighteen years of age must present this completed form and a CERTIFIED copy of the minor's birth certificate to be kept on file with the County as a condition to volunteer.

I, _____, as Parent/Guardian of the Minor Child listed above, hereby consent to the volunteer work and terms described above with the County in accordance with laws regulating the volunteering of minors.

Date **Minor Volunteer's Parent/Guardian Signature**
Full Address of Parent/Guardian: _____