



Christmas in April®

Cecil
★ County

P.O. Box 2303 • Elkton, Maryland 21922
443-907-5289

www.christmasinaprilcecilcounty.org

VOLUNTEER SIGN-UP AND WAIVER RELEASE FORM – 2009 (Ages 14 to Under 18)

Organization Volunteer is participating with: _____
House Captain Name: _____

This Waiver Release Form **MUST BE SIGNED BEFORE** a volunteer may work.

If you are part of a group, please make sure you give this form to your Volunteer Coordinator or your House Captain **BEFORE** you begin to work.

In consideration of this opportunity afforded my (our) child to assist on a voluntary basis in the Christmas in April* Cecil County home repair project, a project in which the homes of disadvantaged persons will be repaired by volunteers, and in the light of the aims and purposes of the community service provided by Christmas in April* Cecil County, in organizing this project, I (we) give my (our) permission for my (our) child to participate in the Home Repair Project, and I (we), on behalf of my (our) child and myself (ourselves), waive any right or cause of action arising as a result of my (our) child's participation in said project from which any liability may or could accrue against Christmas in April* Cecil County or its officers and directors, collectively or individually. Without limiting the generality of the foregoing, I (we) on behalf of my (our) child and myself (ourselves), agree that this waiver shall include any rights or causes of action resulting from personal injury to my (our) child or damage to my (our) child's property sustained in connection with my (our) activities for the Home Repair Project.

PLEASE PRINT CLEARLY

Name of Participant: _____

Age: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip _____

Volunteer Signature Date

Parent/Guardian Signature Date

Medical Insurance Plan Name: _____ (i.e., BCBS, Principal)

Group Number: _____ Membership Number: _____

Name of Cardholder (Please print clearly): _____

Relationship to Volunteer: _____



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