



# Christmas in April® Cecil County

P.O. Box 2303 • Elkton, Maryland 21922

443-907-5289

[www.christmasinaprilcecilcounty.org](http://www.christmasinaprilcecilcounty.org)

## VOLUNTEER SIGN-UP AND WAIVER RELEASE FORM FOR WORKDAY 2024 (18 and Over)

House Captain: \_\_\_\_\_ Group: \_\_\_\_\_

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

**ANYONE** under the age of 18 **MUST HAVE A PARENTAL SIGNATURE.**

### PLEASE PRINT CLEARLY

Name of Participant: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Other \_\_\_\_\_

If you are part of a group, please deliver this form to your Volunteer Coordinator or your House Captain. If you are not yet part of a group, please send your form to Christmas In April\*Cecil County, P.O. Box 2303, Elkton, MD 21922-2303.

In consideration of this opportunity afforded me 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 hereby waive any rights or cause of action arising as a result of my participation in said project from which any liability may or could accrue again Christmas In April\*Cecil County or its Officers and Directors, collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of actions resulting from personal injury to me or damage to my property sustained in connection with my activities for the Home Repair Project.

I certify that I am over the age of 18.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



*A proud United Way agency*