

VOLUNTEER FORM

By completing the information below, I understand that I am interested in volunteering my time to shovel snow for elderly and disabled Village of Orland Park residents. I understand that this is a free service and there should be no exchange of money and/or goods. I understand that my contact information will be provided to the resident since the resident is responsible for contacting me.

FIRST NAME	LA	AST NAME		
ADDRESS				
ADDRESS LINE 2				
CITY	STAT	E	7	ZIP
PHONE NUMBER				
ALTERNATIVE PHONE NUMBER				
EMAIL				
MY AVAILABILITY IS:				
	MORNINGS	AFTERNOON	evenings	WHENEVER
WEEKDAY AVAILABILITY				
WEEKEND AVAILABILITY				
I AM ABLE TO BRING A SHOVEL TO A	ASSIST WITH SHOVELI	NG SNOW		
YES NO				
PLEASE CHECK ONE				
I HAVE ACCESS TO TRANSPORA	TION			
I CAN ASSIST WITH WORK WITH	HIN WALKING DISTAN	ICE ONLY		



VOLUNTEER FORM

ARE YOU UNDER 18?		
YES		
NO		
If under 18 was selected, you must o	mplete the following information:	
Name of Parent/Guardian		
FIRST NAME	LAST NAME	
PHONE NUMBER	EMAIL	
By signing below, I confirm that I ha	e read and I understand the "Release and Waiver of All Liabilities"	and

give full consent for my child to participate in the Snow Angels program.



VOLUNTEER FORM

VOLUNTEER SNOW SHOVELER

RELEASE AND WAIVER OF ALL LIABILITIES

As an independent volunteer who has made myself available to the Village of Orland Park residents in need of assistance with snow removal (the "Activity"), I hereby recognize and acknowledge that I am not a an agent, servant, or employee of the Village of Orland Park. I am not performing the Activity at the behest of, or under the control or supervision of, the Village of Orland Park, but rather at the request of and under the exclusive control of the resident to whom I am voluntarily providing services.

Therefore, I agree that any claim or suit that is pursued against me as a result of my participation in the Activity specified herein, including but not limited to, claims of property damage, personal injury, and intentional tort, are my sole responsibility. I release the Village of Orland Park, the Department, and its officers, employees, attorneys, and agents, from all judgments, payments, damages and claims, including all costs, expenses and attorneys' fees incurred by me in defending against any such claim. I will not seek legal representation, contribution, or indemnification from the Village of Orland Park in connection with any such claim, under any theory of vicarious liability or otherwise.

I further recognize and acknowledge that there are certain risks of physical injury associated with the Activity, and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in the Activity on a volunteer basis. I hereby waive, release and discharge any and all claims for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in the Activity. I agree to indemnify and to hold harmless the Village, the Department, and its officers, employees, attorneys, and agents from any loss, liability, damage, cost, or expense which they may incur as the result of my death, injury, or property damage that I sustain while participating in the Activity. This waiver, release and assumption of risk is binding upon my heirs and assigns.

I further agree that if any claim or suit is pursued by me or on my behalf as a result of injuries from the Activity specified herein against the Village of Orland Park, the Department, and its officers, employees, attorneys, and agents, I will Indemnify and Hold Harmless these parties from all judgments, payments, damages and claims, including all costs, expenses and attorneys' fees incurred by these parties in defending against such claim.

I HAVE CAREFULLY READ THIS WAIVER AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND A CONTRACT BETWEEN THE VILLAGE OF ORLAND PARK AND ME, AND I SIGN IT OF MY FREE WILL. *

SIGNATURE	DATE	