



**VOLUNTEER APPLICATION
SENIOR LEAF COLLECTION**

Date: _____

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

EMERGENCY Contact Information:

Name: _____

Current Address: _____

Phone Number: _____

Email Address: _____

WHICH DATE WOULD YOU PREFER:

Saturday, December 7, 2024 _____

Sunday, December 8, 2024 _____

DO YOU OWN:

Leaf Blower _____

Rake _____

(One will be provided for the day if you do not)

PLEASE READ AND SIGN BELOW; SIGNATURE IS REQUIRED TO PARTICIPATE

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration of acceptance of this application and myself or my child being allowed to participate in any activity (hereinafter the "Program") sponsored by the Borough of Fanwood located in Union County, New Jersey, I hereby release, waive, discharge and covenant not to sue the Borough of Fanwood, its boards, agencies and commissions, officers, agents and/or employees (hereinafter the "Borough") from and for any and all liability, claims, demands, and causes of action, including but not limited to attorneys' fees and costs of suit, arising out of or relating to, any bodily injury and/or property damage, loss or other damage, that may be sustained by myself or my child, whether caused by the Borough or otherwise, in connection with any activity sponsored by the Borough.

1. I am fully aware of the risks associated with participation in the Program and am fully aware that there may be risks unknown associated with the Program. I voluntarily assume full responsibility for any risk of injury, loss and/or damage, personal and/or property, whether caused by the Borough or otherwise.
2. I further hereby agree to indemnify and save and hold harmless the Borough from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees it may incur relating to or arising out of my or my child's involvement in any activity sponsored by the Program, whether caused by the negligence of the Borough, or otherwise and to reimburse the Borough for any such expenses incurred, also subject to New Jersey law.
3. I grant permission to the Borough to use any photographs, motion pictures, recordings or any other record of this Program with or without my or my child's name both single or in conjunction with other persons or objects for any and all purposes, including but not limited to private or public presentations, advertising, publicity and promotions relating thereto.
4. It is my express intent that this Release shall bind myself, my family, children, heirs, executors, assigns and personal representatives and shall be deemed as a Release, Waiver, Discharge and Covenant Not To Sue the Borough.

I acknowledge and represent that:

- A. I have read the foregoing release, understand it, and accept it voluntarily as a free act and deed;
- B. I acknowledge that the Borough has encouraged me to consult my own attorney and I have independently determined not to engage my own counsel, recognizing the risks in doing so;
- C. No oral representation, statements or inducements, apart from the foregoing written agreement have been made;
- D. I am at least (18) years of age, fully competent and the legal guardian of the Minor;
- E. I agree to this Release for full, adequate and complete consideration, i.e. permission to participate in any activity sponsored by the Borough, fully intending to be bound by the same; and
- F. I have the right to authorize the foregoing using and hereby agree to hold the Borough harmless of and from any and all liability to whatever nature that may arise out of or result from such uses.

By signing my name below, I certify that I have read, understand and agree to the above Release and that all information submitted is correct to the extent of my knowledge.

Name of Program: Leaf Raking for Seniors and Disabled Event Date: December 7 and 8, 2024
(month/year)

Name (please print): _____

Name of child (please print:) _____

Name of Parent or Guardian (please print): _____

Signature: _____ Date: _____