Volunteer Policy

The _______________ Public Library recognizes and appreciates the hard work and unique talents the volunteers of the community offer to the _______________ Public Library throughout the year. The _______________ Public Library also recognizes the risk of injury which can be a part of every activity. For that reason, the board of trustees of the _______________ Public Library carries the necessary insurance coverage to provide insurance to volunteers who are injured while performing a task assigned by the library director or board of trustees as part of a formal program of volunteerism. This coverage is provided to the same level as accidental injury coverage is provided to employees of the library.

Volunteer - Waiver of All Claims

IN CONSIDERATION of the beneficial public services performed by and to be performed by the _____[Event Sponsors]_____, I hereby waive all claims for damage to my person and property which may be caused by an act or omission of the _____[Event Sponsors]_____, its officers, agents, employees, or any other person or persons performing any service whatsoever for the _____Event Sponsors_____. As a volunteer, I understand that there may be hazards, conditions, or activities which pose a substantial risk of injury to me. I assume the risk of all dangers and conditions in and about the _____[Location of Event]_____ and waive any and all specific notice of the existence of such conditions. I understand that the _____[Event Sponsors]_____ shall not be liable for any damages arising from personal injuries I sustain, on or about the premises of the _____[Location of Event]_____ and that I assume full responsibility for any injuries or damages. I hereby fully and forever release and discharge _____[Event Sponsors]_____ from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of my presence on the premises of the _____[Location of Event]_____.

_____________________________
Dated _________________________

_____________________________
Signature