



VOLUNTEER WAIVER OF LIABILITY

Volunteer's Name _____ **Date** _____
(Please Print)

To minimize liability to the Shrewsbury Street Italian Heritage Parade (SSIHP), please read the following conditions that apply to your service as a volunteer.

1. I wish to volunteer my time, effort, and services as a volunteer to assist the Shrewsbury Street Italian Heritage Parade.
2. I have read and signed the attached rules and statements of SSIHP's expectations of me as a volunteer and I promise to follow them.
3. As a volunteer, I donate my time, effort, and services to SSIHP and understand that I will receive no compensation in return.
4. I recognize that as a volunteer, I am not covered by any workers compensation or similar insurance that would pay my medical bills incurred because of any injury I may receive while performing services as a volunteer.
5. Despite this risk of injury and lack of workers compensation or other medical insurance coverage from SSIHP, I knowingly and voluntarily waive any and all claims, actions, or causes of action against Shrewsbury Street Italian Heritage, and agree to hold SSIHP, its directors, agents and affiliates, and employees harmless for any injury or damage that I may suffer as a result of my activities as a Volunteer for SSIHP.
6. In return for my agreement to these conditions, Shrewsbury Street Italian Heritage Parade of Worcester agrees to accept my services as a volunteer.

_____ **Email** _____ **Cell #** _____
(Volunteer Signature)

Return: Shrewsbury Street Italian Heritage Parade – PO Box 4462 -Shrewsbury, MA 01545