

Brimfield Township



2017 Volunteer/Chaperone Form

Volunteer Information

Name: _____ Gender: Female ___ Male ___

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship to Golfer (if applicable): _____

E-mail Address: _____ (working e-mail address required)

Phone: Cell _____ Home _____

Medications/Allergies: _____

Emergency Contact Name: _____

Relationship: _____

Phone: Cell _____ Home _____

Driver's License Information: _____ (copy required)

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Waiver of Liability and Permission for Photo Release

I, (print name) _____, intending to be legally bound, do hereby for myself, my heirs and assignees, waive any and all claims to damages I may have against Brimfield Township or any agent or representative of the afore mentioned. It is my will to participate voluntarily in any above mentioned programs. Video and photographs are periodically taken of participants during programs and these photos may be used for Brimfield Township and/or local newspaper.

Signature of Volunteer

Date