

General Waiver for Volunteers (Minors)

Name of Volunteer: _____

Date of Birth of Volunteer: _____



I do hereby give _____ my permission
..... *Print Name of Volunteer*

to provide unpaid service as a volunteer at the Seekonk Public Library. I do hereby release the Town of Seekonk, the Seekonk Public Library and its administration and staff from any and all liability in the event of any injury or illness while providing services at the Seekonk Public Library.

In the event of injury, accident or illness, I release and discharge Seekonk Public Library, the Town of Seekonk, and its staff and volunteers from any manner of action and actions, cause and causes of action, suits, damages, claims or demands whatsoever arising out of my unpaid service at the Seekonk Public Library, including all claims for compensation thereof.

I hereby give to Seekonk Public Library and its assignees the right photograph, film, videotape, audio record, or any other manner of recording by any other means for purposes of promoting the library and volunteerism. Library shall have the continuing right to use any photograph or recording in the future without additional compensation to the volunteer.

Signature of Parent or Guardian Date



In case of emergency, call: _____ at _____,

or call _____ at _____.