

The City of Kawartha Lakes

Waiver for Volunteers

Volunteerism and community participation play an important part in building our community. The City of Kawartha Lakes thanks you for donating your time and talent towards making our community a beautiful place to live, grow and prosper. I,	
1.	I understand that in performing the above stated duties, I will not perform in any supervisory capacity nor operate any machinery or equipment for which I have not been trained and licensed. I am required to report to (name of staff person) and take instruction from same.
2.	I understand that as a volunteer I am responsible while on duty for representing the City of Kawartha Lakes, and will conduct myself in an appropriate manner while doing so.
3.	As a volunteer I understand and recognize that my participation in the above-noted activity involves potential risks, both known and unknown, and I hereby knowingly and freely assume all risks and personally undertake to act in a responsible and safe manner at all times.
4.	I understand that my duties will be rendered without payment for same, and I will not be entitled to any benefits normally provided by the Corporation of the City of Kawartha Lakes, including those provided by the Workplace Safety and Insurance Board of Ontario ("WSIB"). I confirm that I will be responsible for my own medical, disability or health insurance coverage.
5.	I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, agree to release and forever discharge the Corporation of the City of Kawartha Lakes, together with its directors, officers, councilors, employees, agents and lawful successors, and [Name of Committee], from and against all claims
	and proceedings, in respect of any damage or injury sustained by myself or any loss or damage to personal property arising by reason of my provision of my duties as a volunteer.
	ave read this release of liability and assumptions of risk agreement, I fully understand its rms and sign it freely and voluntarily without any inducement.
Si	gnature of Volunteer Date