



(Please fill out form and email to juliehartzler@include-ability.org)

Snow Angels Volunteer Application

First Name _____

Last Name _____

Address _____

Phone Number _____

Email _____

Are you registering a group?

Yes No

If so, how many volunteers are in your group?

Are you willing to shovel more than one house per snow event?

Yes No

If so, how many?

How far are you willing to travel to help shovel?

1/2 mile up to 1 mile up to 2 miles Anywhere Wayne County

Would you like to be contacted next year to volunteer?

Yes No

In consideration of my being permitted to participate as a Volunteer in the IncludeAbility Snow Angels Program (the "Program") for Fall/Winter Season 2024-2025, I, on behalf of myself and any of my personal representatives, heirs, and next of kin, hereby COVENANT NOT TO SUE and to HOLD HARMLESS, RELEASE, AND INDEMNIFY IncludeAbility, its officers, agents and/or employees (hereinafter referred to as the "Releasees") from any and all liability, claims, demands, actions and causes of action whatsoever, brought by any party against any party, arising out of my participation in the Program and whether caused by the negligence of the Releasees or otherwise. This RELEASE, WAIVER OF LIABILITY and INDEMNIFICATION AGREEMENT shall remain valid in perpetuity and shall

include all possible claims of negligence or other causes of action that could be asserted against the Releasees by me.

I warrant and represent that I understand and accept the conditions of my participation as a Volunteer in IncludeAbility's Snow Angel Program for Fall/Winter Season 2024-2025, having full authority to do so. I recognize that my participation in the Program shall not include any interactions or communications with recipient owner(s) of private property except to the extent necessary to perform requested snow removals. I further recognize that no entry inside the residence(s) of any recipient owner(s) is permitted in conjunction with my participation in the Program and that I will only enter upon the premises of properties whose owner(s) have requested snow removal therefrom for the purpose of performing requested snow removals.

I acknowledge that the recipient owner(s) of the property bears responsibility for compliance with all State law and City ordinances including maintenance of the property's yard, sidewalks, structure exterior and interior, and that IncludeAbility is not responsible for said maintenance nor does it guarantee the condition or safety of the private properties whereupon I may perform snow removal as entailed by my participation in this Program. I also acknowledge that as a Program Volunteer I will not be an employee of IncludeAbility and/or acting as an agent on behalf of IncludeAbility.

I further expressly agree that the foregoing RELEASE, WAIVER OF LIABILITY AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ AND VOLUNTARILY SIGN THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

Signature

Date
