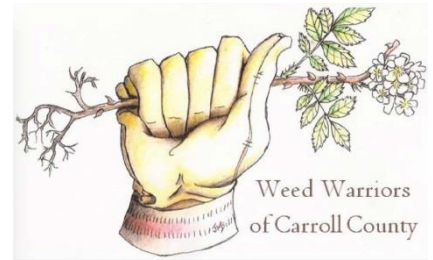




Carroll County Department of Recreation and Parks
 300 S. Center Street
 Westminster, MD 21157
 (410) 386-2103
 ccrecpark@carrollcountymd.gov



Weed Warriors Volunteer Waiver

General Information:

Name: _____
 Birth Date: _____
 Address: _____
 City, State, Zip Code: _____
 Phone: _____
 Email Address: _____

Emergency Contact Information:

Please provide the names of individuals we may contact in the event of an emergency.

Name	Relationship	Work Phone	Home Phone

Volunteer Sites

Indicate sites at which you would like to volunteer.

<input type="checkbox"/> Bennett Cerf Park	<input type="checkbox"/> Freedom Park	<input type="checkbox"/> North Carroll Community Pond
<input type="checkbox"/> Cape Horn Park	<input type="checkbox"/> Gillis Falls Equestrian Trails	<input type="checkbox"/> Piney Run Park
<input type="checkbox"/> Carroll County Equestrian Center	<input type="checkbox"/> Hashawha/Bear Branch	<input type="checkbox"/> Salt Box Park
<input type="checkbox"/> Carroll County Sports Complex	<input type="checkbox"/> Krimgold Park	<input type="checkbox"/> Sandymount Park
<input type="checkbox"/> Deer Park	<input type="checkbox"/> Landon C. Burns Park	<input type="checkbox"/> Union Mills Equestrian Trails
<input type="checkbox"/> Double Pipe Creek Park	<input type="checkbox"/> Leister Park	<input type="checkbox"/> Westminster Community Pond

I would like to volunteer at all sites

Volunteer Release:

I understand that my services are being offered on a voluntary basis without anticipation of financial compensation. I shall indemnify and hold harmless Carroll County Department of Recreation and Parks and the County Commissioners of Carroll County (a body corporate and political body of the State of Maryland) and its agents, offices, employees, and volunteers from any and all claims, causes of action, and suits arising, occurring, or resulting from any personal injury for damage to or loss of property of any nature caused by, arising out of, or in any other connected with the exercise of the above Organization, incurred during volunteer services.

 Volunteer Signature _____ Date _____ Signature of Parent/Guardian _____ Date _____
 (if volunteer is under the age of 18)