



Waiver and Release of Liability for Volunteers Younger Age 18

North Chicago Community Partners

(August, 2014)

I, _____, in return for good and valuable consideration, the receipt of which is hereby acknowledged, do hereby release and hold harmless North Chicago Community Partners, Gorter Family Foundation, North Chicago Community Unit School District #187 and the City of North Chicago, from any and all actions, claims and demands which I may have, arising out of injuries and damages to both person and property, as a result of my participation in volunteer activities organized and/or overseen by North Chicago Community Partners, Gorter Family Foundation, North Chicago Community Unit School District #187 and the City of North Chicago in North Chicago, Illinois or any location directed by North Chicago Community Partners, Gorter Family Foundation, North Chicago Community Unit School District #187 and the City of North Chicago.

I acknowledge that I am volunteering to donate my services to North Chicago Community Partners, Gorter Family Foundation, North Chicago Community School District #187 and the City of North Chicago and waive any claim for any injury that I may suffer as a result of my participation. I further acknowledge that any volunteering on a limited basis does not make me an employee, agent or otherwise affiliated with North Chicago Community Partners, Gorter Family Foundation, North Chicago Community Unit School District #187 or the City of North Chicago.

I give permission to the above-named parties to photograph and/or videotape my minor and to use any images in published or promotional materials solely for the benefit of the programs managed by NCCP, including the websites and other non commercial publications of the organizations that support NCCP. Any images taken will not be used for commercial purposes.

This Release shall be binding upon the undersigned, and his/her successors and assigns. This Release shall be subject to and governed by the laws of the State of Illinois.

I have fully read and considered all of the terms and statements contained in this release before affixing my signature.

Volunteer Name: _____

Address: _____

Signature: _____

For Volunteers under the age of 18, Parent or Guardian must sign on behalf of the Volunteer:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Emergency Contact Information

Name: _____ Phone: _____

Relationship to Volunteer: _____

Please give your completed waiver to a North Chicago Community Partners employee, mail to
855 Skokie Highway, Suite E, Lake Bluff, IL 60044, fax to 847-615-1272 or email
sherron@northchicagocommunitypartners.org