

BOROUGH OF LITCHFIELD, CONNECTICUT

Board of Warden and Burgesses

P.O. Box 913, 21 Torrington Road, Litchfield CT 06759

Volunteer Application and Agreement [hold-harmless]

Volunteer's Name [please print] _____

Address of Volunteer _____

Telephone _____ Email _____

Brief Description of your proposed Volunteer activity on the Litchfield Green and/or other proposed activity for the benefit of the Borough of Litchfield:

Even though the Borough greatly appreciates and all possible volunteers, I understand that the Borough has an obligation to limit any possible legal liability to itself and its taxpayers. Therefore, the Borough is imposing the following conditions which I hereby agree to be legally bound by:

1. I understand and represent that I am not being paid or compensated by the Borough or anyone else for this volunteer activity [project].
2. I hereby certify that I am 18 years of age or older, if not this form needs to be co-signed by my parents and/or legal guardian.
3. I understand that I will not be reimbursed for any expenses.
4. I agree that my volunteer activity is restricted to whatever is specifically approved by the Borough's Warden, or in his/her absence, a member of the Borough's Board of Warden and Burgesses acting on his/her behalf. I agree to comply with any restrictions or conditions given by the Warden or his/her representative during the activity [project].
5. I agree I will conduct my activities in accord with all applicable ordinances, statutes and regulations of the Borough of Litchfield, Town of Litchfield and State of Connecticut, and the United States of America, and no activity shall violate any of the foregoing.
6. I hereby **release**, indemnify and hold the Borough of Litchfield, its elected officials, appointed officials, agents and employees harmless from any and all claims and liability for personal injury, property damage, death, loss, deficiency, claim or other expense [including reasonable attorney fees and other costs and expenses incidental to any claim, suit, action or proceeding] asserted by or behalf of anyone, in any manner either directly or indirectly arising out of my activity [project].
7. **I understand that the Borough will not be providing, and is under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any volunteer. Each volunteer is expected to obtain his or her own health, medical, travel, disability or other insurance coverage in connection with the volunteer activity [project] and shall make no claim upon any insurance coverage maintained by the Borough.**

Volunteer's Signature _____

Parent's or Guardian Signature [if applicable] _____

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