



VOLUNTEER INTEREST FORM

Interested in volunteer opportunities with the First Tee of Canton?
Complete and return this form to Angela Palomba, Executive Director,
apalomba@thefirstteecanton.org or fax to 330-452-8009.

Name: _____ E-mail: _____

Street: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Birthdate: _____ Best way to contact you: _____

Emergency Contact (name & phone):

Current Job Responsibilities and Hours:

Golf Skill and Experience:

Community Affiliations (clubs, churches, service organizations, etc.):

Previous Volunteer Experience with Children or Youth:

Why do you want to serve as a volunteer for The First Tee of Canton?

Do you have?

- Your own transportation? ___ Yes ___ No
- Liability insurance? ___ Yes ___ No
- A valid driver's license? ___ Yes ___ No

**LIABILITY RELEASE, WAIVER, HOLD HARMLESS,
and COVENANT NOT TO SUE AGREEMENT (“the Agreement”)
BETWEEN The First Tee of Canton, Inc.**

&

VOLUNTEER NAME (please print): _____

I, the undersigned, understand that **The First Tee of Canton, Inc.** (“First Tee”) is offering me a community service opportunity and my participation is completely voluntary (“Volunteer Activity”). The Volunteer Activity has been fully explained to me and I fully understand and appreciate the dangers, hazards, and risks inherent in the Volunteer Activity, and in any activity I undertake supplemental to that Volunteer Activity. These dangers, hazards, and risks can result in injury and impairment to my body, general health, well-being, personal property, property under my responsibility, and could include serious or even fatal injuries or damages. These dangers, hazards, and risks include those foreseen and unforeseen, known and unknown.

In consideration for voluntarily undertaking the Volunteer Activity, I, the undersigned, on behalf of myself, my family, heirs, assigns, and personal representative(s), hereby VOLUNTARILY RELEASE, WAIVE, DISCHARGE, FOREVER HOLD HARMLESS, AND COVENANT NOT TO SUE the First Tee, its administrators, officers, trustees, employees, agents, servants, members, and any affiliates (“the Releasees”) from and against ANY and ALL present and future liability, claims, demands, actions, causes of action, costs and expenses whatsoever arising out of or related to any loss, damage, or injury, including but not limited to suffering, death and/or disability, that may be sustained by me or any of the property belonging to me or under my personal liability, WHETHER CAUSED BY THE NEGLIGENCE OR CARELESSNESS OF THE RELEASEES or otherwise, while participating in the Volunteer Activity, and in any independent activity I undertake supplemental to the Volunteer Activity.

I HEREBY VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING BUT NOT LIMITED TO SUFFERING, DEATH OR DISABILITY, that may be sustained by me or any of the property belonging to me or under my personal liability, WHETHER CAUSED BY THE NEGLIGENCE OR CARELESSNESS OF THE RELEASEES or otherwise, while participating in the Volunteer Activity, and in any independent activity I undertake supplemental to the Volunteer Activity.

I further agree that this Agreement expresses a full and complete settlement of liability on my part, regardless of the adequacy of the aforesaid and that the acceptance of this Agreement shall not operate as an admission of liability on the part of anyone, nor as estoppel, waiver, or bar with respect to any claim the Releasees may have against the undersigned.

I further understand, agree, and hereby grant the Releasees permission to authorize emergency medical treatment for me, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume NO responsibility for any injury, damages, or loss which might arise out of or in connection with such authorized emergency medical treatment.

I further understand that the First Tee does not maintain any insurance policy covering any circumstances arising from my participation in the Volunteer Activity. As such, I am aware that I should review my personal insurance coverage.

It is my express intent that this Agreement shall bind the members of my family and my spouse (if applicable), if I am alive, and my heirs, executors, assigns, and personal representative(s), if I am deceased or incompetent, and shall be deemed as A VOLUNTARY AGREEMENT TO RELEASE, WAIVE, DISCHARGE, FOREVER HOLD HARMLESS, AND COVENANT NOT TO SUE the above-named Releasees.

I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Ohio.

**** THIS IS A LEGAL AGREEMENT THAT INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND ITS TERMS BEFORE SIGNING ****

In signing this Agreement, I acknowledge and represent that I have read the foregoing Agreement in its entirety, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements apart from the foregoing written have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Agreement for full, adequate, and complete consideration, fully intending to be bound by same.

Signature: _____ **Date** _____

Full Name (please print): _____