

DATE: _____

Rider University

Volunteer Liability Waiver

Please Print Clearly.

VOLUNTEER INFORMATION:

Name: _____ Birth Date: _____

Check here if the volunteer is under the age of 18 (minimum age to volunteer is 15 with a parent)

Address: _____

City: _____ State: _____ Zip _____

Phone (_____) _____ home/office/cell

PARENT OR LEGAL GUARDIAN INFORMATION:

Name: _____

Relationship to Participant: _____

Phone (_____) _____ home/office/cell

****PLEASE READ AND SIGN BELOW****

Rider University, Gourmet Dining and Meals on Wheels volunteer guests assume the risk of any and all accidents or injuries of any kind which may be sustained by reason of or in connection with the use of the Daly Dining Hall facilities, and release, discharge and absolve Rider University, agents and employees, from any and all liability or responsibility except if such accident or injury is the result of the negligence of Rider University, its agents or employees.

(Signature of Volunteer)

Date

(Signature of Parent/Legal Guardian signature if Volunteer is under 18)

Date

DATE: _____

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.
