

TOWN OF HAMDEN



Hamden Youth Services Bureau

Patunia Medy

11 Pine Street

pmedy@hamden.com

Hamden, CT 06514

Volunteer Coordinator Ext:124

Susan Rubino srubino@hamden.com

Tel: (203) 777-2610

Youth Services Coordinator Ext:120

Fax: (203) 562-3498

Club & Organizations - Community Service

Date ___/___/___

Name of Organization _____

Name of school _____

Address _____ Zip Code _____

Phone _____

E-mail _____

In consideration of the experience to be received, _____ (name of group or organization) on behalf of itself and its members hereby agrees to participate in the completion of volunteer work overseen by the Youth Services Bureau. _____ on behalf of itself and its members agree to assume all risks and hazards incidental to the conduct of the activity; agree to hold the Town of Hamden, it's officers, officials, employees, agents and servants harmless from all liability for property damage, physical harm, personal injury or death arising out of _____ (name of group or organization) or its members experience as a volunteer and _____ on behalf of itself and its members and their heirs, assigns and next of kin waive all rights or claims for liability, damages or benefits of any nature, whether legal or equitable against the Town of Hamden and it's officers, officials, employees, agents and servants, in the event of any injury, accident, natural causes or any other illness as a result of his/her participation in the program. _____ on behalf of its members do hereby grant permission for medical treatment and if necessary hospitalization by ambulance transport.

Name of Duly Authorized Group Leader

Signature of Duly Authorized Group Leader

Date
