



DUFFERIN
COUNTY

VOLUNTEER WAIVER

I, _____ acknowledges, appreciates and agrees:
(Full Name of the Volunteer)

1. As a volunteer for the County of Dufferin, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, while performing my duties as a volunteer.
2. I understand that my duties will be rendered without payment for same, nor will I be entitled to any benefits normally provided by the County of Dufferin including WSIB. I will be responsible for my own health insurance.
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the County of Dufferin and its employees from and against all claims and proceedings, WITH RESPECT TO ANY INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PROPERTY RESULTING FROM BEING A VOLUNTEER for the County of Dufferin.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTIONS OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature of Volunteer

Date

Name of Volunteer