



Be Part of The Solution

SCRANTON POLICE DEPARTMENT

Citizen Volunteer Program Waiver of Liability

Name of Citizen Volunteer: _____

Address: _____

Phone #: _____ D.O.B. _____

Event Volunteering for _____

In consideration of the granting of my request to be permitted to volunteer in the Scranton event I do waive all rights and claims and release and exempt the city of Scranton, its members, employees, and agents of the aforementioned agency from any and all claims for injuries, accidents, sickness, death, and damages which may arise by reason of my presence upon the property or in any building or jurisdiction of the CITY OF SCRANTON, or any or all members, employees, or agents of the aforementioned agency where such members are acting in their official capacity or within or without their scope of their employment.

Being at most a licensee, I undertake to assume the risk of all dangerous conditions in or about the properties of the CITY OF SCRANTON of which dangers I realize can and do exist, and thereby waive notice of the existence of any such dangerous conditions.

I represent that at the reading and signing of this waiver, I am of lawful age and legally competent to execute the same and, before signing it, I have informed myself of its contents, and execute it with full knowledge and understanding thereof.

Citizens Signature/Date

Witness Signature/Date

Printed Name

Approval or Denial

Approved: { } Denied: { }

Chief of Police or his/her designee

Date of Approval/Denial _____