WAIVER AND RELEASE FROM LIABILITY

In consideration of working with Greenbelt Overhaul Alliance of Levittown (G.O.A.L.) as a volunteer to cleanup certain greenbelts, drainage ditches and related areas, and similar projects, I understand that I have to read, understand and sign this Waiver and Release From Liability.

I understand and agree that by volunteering for G.O.A.L., I am assuming the risk of any injury or damage that can occur to me by reason of my own actions or the actions of others.

I understand that being a volunteer for this cleanup can be dangerous to my person and property.

I understand and agree to waive, discharge and covenant not to sue the following entities and/or its employees and directors:

Greenbelt Overhaul Alliance of Levittown, Keep Pennsylvania Beautiful and Bristol Township,

and to release all and each of them from all liability for any and all claims, demands, losses or damages on account of injury including death or damage to property caused or alleged to be caused in whole or in part by serving as a volunteer.

Further, I am in charge or 'in loco parentis' of any minor or minors and I have explained this release or waiver to the minor and the minor's parents or natural guardians. I understand and accept that I am authorized to sign on behalf of any minors.

I agree that G.O.A.L. may take my photograph and use my image to promote the purposes of the Greenbelt Overhaul Alliance of Levittown with no compensation due me.

On my own behalf or on behalf of any persons of whom I am in charge, I enter into this agreement. I have read the above waiver and release and understand that I/we have given up substantial rights by signing it and sign it voluntarily.

			Signature of paren	nt/guardian/volunteer	
_	Street Address: City, State, Zip E-mail Phone, numbers only		Printed name of par	Printed name of parent/guardian/voluntee	
_			First Minor's name Second Minor's name Third Minor's name		
or (check one):	for Required Public Scouts	Service School	Court	Other	
		Describe 'Other'	Public Service		
	Name of	Institution Requiring Pu	blic Service if Not Listed Ab	oove	
_	Contact Person		Contact Phone, numbers only		