



Random Acts of Simple Kindness
Affecting Local Seniors

Team # _____
Client # _____

Client Information Sheet

Work Event – Saturday, Nov 12, 2011

Forms must be returned by Sept 26th to be included in the spring work schedule!

Please print the following information:

Name: _____ Phone: _____

Address: _____

Directions from nearest major intersection:

IMPORTANT – PLEASE READ! Check the tasks you want completes. Rank them in order of importance with "1" being the most important. Volunteers will perform the tasks in the order indicated and complete what they can. Please be sure to list all tasks you would like completed. The volunteers are assigned multiple clients and have limited time to complete tasks. We are unable to guarantee items will be completed.

- _____ rake leaves
- _____ wash windows (1st story only)
- _____ clean out gutters (1 story homes only)
- _____ Other _____
- _____ cleanup outside debris
- _____ plant flowers (must have available)
- _____ spread mulch (must have available) amount of mulch _____

Please remember, this is not a repair service.

Will you provide necessary supplies? Yes _____ No _____

If yes, please list specifically - _____

Do you have a ladder for use for your requested work? ___ length: _____

Please be home on the day of service.

If for any reason you need to be removed from our list, check here.

REMOVE

(PLEASE SIGN WAIVER ON OTHER SIDE)



West Chester Township

Agreement to Participate
Release and Indemnification Form

Fall RASKALS

Saturday, November 12, 2011

I understand that the nature of this activity may involve certain dangers and risks, and I voluntarily assume all risks of accident or injury. I hereby release and forever discharge West Chester Township Trustees, and their respective employees, officers, agents, elected and appointed officials, donors, coordinators and volunteers ("West Chester Township") from any and all liability for personal injury, death, or property damage of any kind sustained in any manner arising from my participation in RASKALS. I agree to indemnify and hold harmless West Chester Township from any and all claims, liability, loss and expense, including but not limited to damages, legal expenses and costs of defense, and all claims of any nature whatsoever, in any manner, arising from my participation in RASKALS. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Further, I hereby agree that any video or photographs taken of me by West Chester Township or their respective agents are owned by West Chester Township. If I should receive any print, negative or other copy thereof, I shall not authorize its use by anyone else. I hereby waive all my rights to inspect and approve the finished product. Nothing herein will constitute any obligation on West Chester Township to make any use of any of the rights set forth herein and I hereby grant to West Chester Township and to such other persons or entities that may be designated from time to time, the absolute right and permission to use or license the use, in perpetuity, without compensation, my name, portrait, likeness, voice, image and photograph of me either alone or accompanied by other material, in any manner and in any media for the purpose of promotion of West Chester Township and its respective programs.

Your signature constitutes acceptance of the terms of this legal document.

Participants under 18 years of age must have a parent or legal guardian sign for them.

Date: _____

Full Name of Participant (Printed) _____

Individual Executing Release: _____

Signature

Full name printed (if different from Participant)

Participant address _____

Phone _____

Emergency contact name _____

Emergency contact phone _____ (home) _____ (work) _____ (cell)