

## Volunteer Parental Consent Form

All volunteers age 14-17 must have a signed Parental Consent Form ON FILE prior to volunteering while unaccompanied by a parent/guardian.

**Please complete and return to:**

Alexander Hamilton Memorial Free Library  
45 East Main Street Waynesboro, PA 17268 717-762-3335 x 204  
www.ahmfl.org ahmfl.childrensdept@hotmail.com

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Volunteer's Name (print please)

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Address

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Home Phone # / Cell #

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Emergency Contact Name & Phone #

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Parent / Guardian Name (print please)

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Address

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Home Phone # / Cell #

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Parent / Guardian's Signature

Alexander Hamilton Memorial Free Library  
VOLUNTEER WAIVER AND RELEASE OF LIABILITY

I hereby waive, release, and relinquish all claims, demands, and actions whatsoever that I may have or may accrue to me against Alexander Hamilton Memorial Free Library, its officers, agents, volunteers, and employees arising out of this activity and / or any volunteer activity associated with or connected with this activity. Furthermore, I agree to indemnify and hold harmless and defend Alexander Hamilton Memorial Free Library from any and all claims and actions resulting from injuries, damages, and losses sustained by me arising out of, connected with, or in any way associated with this activity.

I have read this agreement and fully understand its content and sign it of my own free will.



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