



Town of Bolton
3045 Theodore Roosevelt Highway
Bolton VT 05676
Phone: (802)-434-5075/3064 x 222
Fax: (802) 434-6404
Email: clerkbolton@gmavt.net

VOLUNTEER WAIVER

The undersigned, having volunteered to _____ acknowledges that he/she has been instructed to confine his/her activities to that which is reasonable and necessary to accomplish_____.

The undersigned further acknowledges that he/she is aware that certain risks may be involved with this undertaking, but that he/she fully recognizes said risk and chooses to volunteer.

The undersigned further acknowledges that he/she is not being compensated in any way for volunteering, and the undersigned agrees to hold harmless the Town of Bolton for any injuries he/she may sustain due to involvement in _____.

Dated: _____ Print Name: _____

Signed: _____