



## Central Oswego County Riders, Inc.

### Volunteer Waiver & Release of Liability

I, the undersigned, wish to volunteer for trail maintenance, development, or cleanup activities with the Central Oswego County Riders, inc.

I acknowledge:

- I am a member
- The physical nature of trail work, including potential hazards such as uneven terrain, tools, wildlife, and weather.
- I am participating voluntarily and accept all risks.
- I agree to follow all safety guidelines and instructions provided by the Club.

I hereby release and hold harmless the Central Oswego County Riders, Inc, its officers, landowners, and agents from any liability, claims, or damages arising from my participation.

Volunteer Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

If under 18, parent/guardian signature required:

Parent Name: \_\_\_\_\_

Signature: \_\_\_\_\_