

Town of Belmont

Department of Public Works

Highway • Recreation, Parks & Cemetery • Water

Jay Marcotte Director

VOLUNTEER INFORMATION PLEASE PRINT

Name		_
Address		-
Phone		_
Email Address		-
Emergency Contact		
Emergency Contact Phone		-
School Attending (if applicable)		_
Program Name		_
Community Service Project YES	_ NO	
# Hours Completed		_
I, the undersigned, parent/guardian of	do forever release, acquit, dissof action, and claims on accipuries or property damage whitight of action for damages when the his/her majority resulting any minor medical or surgical sician or emergency care state treatment, or to take my childrical staff to provide the treatment.	scharge, and covenant to hold ount of, or in any way growing ch I may now or hereafter have eich myself or said minor has or g from his/her participation in al treatment and/or medication of that the Belmont Recreation of the them to the emergency room of the nent deemed necessary by them
Name of participant	Date	
Signature of participant (or legal guardian if under 18 years of age	e) Date	