

Lake Roland Nature Council Chain Saw Safety Training

VOLUNTEER CERTIFICATE OF COMPLETION WAIVER

VOLUNTEER NAME:

Name _____ Date of Birth _____

Address _____

Phone (Home) _____ (Cell) _____

Email Address _____

1st Person to Contact in an Emergency _____ Phone _____

2nd Person to Contact in an Emergency _____ Phone _____

LIABILITY WAIVER

The undersigned, for myself and my heirs and executors, successors, and assigns, hereby releases and discharges the Lake Roland Nature Council, its officers, Directors, Commissioners, employees or agents., and servants of and from any and all claims, demands and causes of action whatsoever nature which I or my heirs and executors, successors, and assigns ever may have against any of them for, on account of, by reason of, or arising in connection with the aforesaid Volunteer Program and my services as a Volunteer therein and hereby waive any and all such claims, demands and causes of action.

Volunteer's Signature

Date

INSTRUCTOR INFORMATION:

Lake Roland Nature Council
1000 Lakeside Drive
Baltimore, Maryland 21209

Course Completion Verification:

Trails Committee Chair

Date