

WW SHOVELS PROGRAM
PARENTAL/GUARDIAN CONSENT FORM

MY SON/DAUGHTER, _____,
HAS MY PERMISSION TO BE A VOLUNTEER WITH THE WW SHOVELS PROGRAM.

I GIVE MY CONSENT TO ALLOW _____,
TO BE A VOLUNTEER – SHOVELING SNOW AND SALTING DRIVEWAYS FOR SENIOR CITIZENS/
DISABLED IN WEST WILDWOOD, AND I DO NOT AND WILL NOT HOLD THE CITY OF WEST
WILDWOOD/WW SHOVELS PROGRAM LIABLE FOR ANY INJURY OF ANY NATURE WHATSOEVER
SUSTAINED BY MY SON/DAUGHTER WHILE HE/SHE WAS ENGAGED SNOW SHOVELING AND
SALTING ACTIVITIES WHILE PARTICIPATING IN THE WW SHOVELS VOLUNTEER SNOW SHOVELING
PROGRAM, AND THE UNDERSIGNED PARENT/GUARDIAN FURTHER AGREES TO INDEMNIFY, SAVE
AND HOLD THE BOROUGH OF WEST WILDWOOD AND WW SHOVELS PROGRAM HARMLESS
FROM ANY AND ALL CLAIMS, DEMANDS, LOSSES, DAMAGES, AND LIABILITIES FOR INDEMNITIES,
CONTRIBUTION OR OTHERWISE WITH RESPECT TO ANY DAMAGE AND/OR INJURY OF ANY
NATURE WHATSOEVER, ARISING FROM THE MINOR'S PARTICIPATION IN THE BOROUGH OF
WEST WILDWOOD'S WW SHOVELS VOLUNTEER SNOW SHOVELING PROGRAM.

APPLICANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

PHONE NUMBER: _____

ADDRESS: _____

RETURN ALL COMPLETED CONSENT FORMS TO:

WEST WILDWOOD ADMINISTRATION OFFICE
ATTN: CLERK'S OFFICE
701 WEST GLENWOOD AVENUE
WEST WILDWOOD, NJ 08260