

Locks District Volunteer Application

I am interested in serving as (check all that apply):

- Lock Tender (*involves physical activity*) If you are under 18, please state age: age
- Guide (*involves walking & speaking*)
- Tour Docent (*involves walking & speaking*)
- Chaperone (*involves walking*)
- Canal Ambassador (*involves speaking*)
- Flower Tender (*involves physical activity*)

I am available to volunteer ___ weekdays ___ weekends ___ both weekdays and weekends.

Name: type your name here Group affiliation (if any): type group name here

Address: type street address here City: type city name here State: type Zip: type Zip

Email: type your email address here Phone: type phone here

Shirt size: Men's Women's S M L XL XXL

Health / medical conditions that we should be aware of:

Emergency Contact:

Name: type name here

Address: type street address here City: type city name here State: type Zip: type Zip

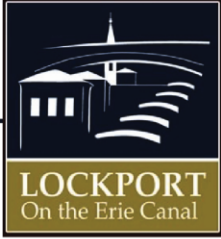
Email: type contact's email address here Phone: type phone here

Signed: _____ Date: _____

Please return to:

by email: davidkinyonlkpt@gmail.com

by mail: Lockport Locks Heritage District, One Locks Plaza, Lockport, NY 14094



Locks Heritage District Corporation

Greater Lockport Development Corporation Affiliate
One Locks Plaza • Lockport, NY 14094



Volunteer Waiver & Release of Liability

The Lockport Locks Heritage District (LHDC) greatly values the time and efforts of its volunteer workforce in operating the Flight of Five, maintaining and beautifying the property in and around the Flight of Five and providing tours to the public. The LHDC requests that all volunteers complete and submit the information below in order to protect the Lockport Locks Heritage District Corporation in the event of an accident or negligence beyond its reasonable control.

Instructions: *Please complete the form below and return to the address above.*

I hereby acknowledge that I am a volunteer for the Lockport Locks Heritage District Corporation (LHDC), and in consideration of my participation as a volunteer, I do hereby release and forever discharge the LHDC, its officers, directors, agents, employees, and assigns from any and all loss of time, pain and suffering or property damage arising out of or occurring in connection with my participation as a volunteer in service to the LHDC. Excepted are claims for injury or damage resulting from acts of gross negligence by the agents thereof.

I further recognize and acknowledge that my participation in the program is solely at my own risk. I acknowledge that my participation in the program may expose me to risk of injury. I further understand that this Waiver and Release is absolute as to all claims, demands, causes or actions, suits, damages, costs and expenses which may arise as a result of the injury or demise of me or as a result of any property damage which could occur while I am participating in this program, except those claims or demands arising from acts of gross negligence by the agents thereof.

Furthermore, I agree to abide by all the rules and regulations established by the LHDC or its agents applicable to the volunteer activity in which I am engaged.

I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, INCLUDING THE FACT THAT I AM RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS HELD BY ME AND VOLUNTARILY AND FREELY AGREE TO THE TERMS AND CONDITIONS SET FORTH.

Dated: _____

Signature: _____

Print Name: _____