



FRIENDS OF THE EAST BROAD TOP (FEBT) VOLUNTEER REGISTRATION & RELEASE FORM

This form must be completed for each FEBT adult volunteer. Please provide complete information. Please print entries, except where signatures are required.

FEBT Volunteers must be a current member of the FEBT to participate. Memberships can be obtained on-site prior to the start of a volunteer activity.

FEBT VOLUNTEER INFORMATION

Name: _____

Phone number: _____

Email address: _____

Street address: _____

City: _____

State and zip code: _____

Emergency contact name: _____

Emergency contact phone: _____

Contact Relationship: _____

ACKNOWLEDGEMENT OF RISKS, RELEASE OF CLAIMS AND WAIVERS OF LIABILITY

The undersigned understands that there are inherent and foreseeable risks associated with my participation in FEBT volunteer activities. These may include, but are not limited to, physical exertion, lifting heavy materials, use of hand and power tools, exposure to inclement weather, trips and falls, and risks associated with work around historic or aging structures. These risks or dangers may result in damage or loss of property and/or personal injury, including serious bodily injury or death.

Friends of the East Broad Top and the EBT Foundation, and all staff, officers, agents, and others acting on their behalf (collectively, the "Friends & Foundation"), assume no

responsibility for such risks, which the undersigned knowingly and voluntarily accepts.

In consideration of being permitted to participate in these activities, I, for myself and on behalf of my heirs, executors, administrators, successors, and assigns, knowingly and voluntarily waive, release, and forever discharge the Friends & Foundation, including their officers, directors, employees, volunteers, and representatives, from any and all claims, demands, actions, or causes of action for injuries, damages, losses, or liabilities of any kind which I may suffer or sustain as a result of or in connection with my participation, including but not limited to those caused by the negligence of the Friends & Foundation.

I understand and agree that this waiver includes any claims based on negligence, action, or inaction of the Friends & Foundation.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY, UNDERSTAND ITS TERMS, AND AGREE TO BE LEGALLY BOUND BY THEM.

FURTHER, I CERTIFY THAT I AM CURRENTLY A MEMBER IN GOOD STANDING OF THE FRIENDS OF THE EAST BROAD TOP.

UNLESS OTHERWISE INDICATED BY MY INITIALS BELOW, I GRANT THE FRIENDS AND FOUNDATION PERMISSION TO USE MY NAME, IMAGE, AND LIKENESS FOR PUBLICITY PURPOSES AND FOR PROMOTIONS OF FUTURE EVENTS, INCLUDING PROMOTIONAL MATERIALS, NEWSLETTERS, WEBSITES, AND SOCIAL MEDIA.

INITIAL IF PERMISSION IS NOT GRANTED _____

THIS WAIVER SHALL REMAIN IN EFFECT UNTIL IT IS CANCELLED OR WITHDRAWN.

FEBT Volunteer name: _____

Signature of FEBT Volunteer: _____

Witness name: _____

Signature of Witness: _____

Date: _____

Friends of the East Broad Top, Inc. works closely with but is distinct from the EBT Foundation, Inc. Friends of the East Broad Top, Inc. is not affiliated with the East Broad Top Railroad & Coal Co., its corporate predecessors, parent company, nor the East Broad Top Preservation Association.

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