



CITY OF KETTERING

Volunteer Waiver of Liability

Name: Date of Birth:
Address: City: Zip Code:
Home/Cell Phone: E-mail:
Emergency Contact: Number:
Organization: Crew Leader:

EACH PERSON MUST READ BEFORE SIGNING

As a Volunteer member of the City of Kettering I agree to:

- 1. Follow the City of Kettering policies, rules and procedures.
2. Place safety and well-being first.
3. Represent the City of Kettering in a professional manner that presents a positive image to the community.
4. Grant City of Kettering permission to use my likeness, voice, photographs and words in any form for promotional activities without payment.
5. Grant the City of Kettering all rights to release any photos taken of me or by me to the media as they see fit.

As a volunteer member I certify that:

- 1. I do not use illegal drugs.
2. I have never been convicted of a criminal offense.
3. I have never been charged with neglect, abuse, or assault.

If you have been involved in any of the above activities, please provide a brief explanation and discuss the circumstance with the event staff supervisor.

YOUTH POLICIES

No one under 18 years old is allowed to operate a power tool or climb ladders.
All youth participants must have an adult signature with waiver.
No one under 16 years old is allowed to use specified tools (varies per project).

WAIVER OF LIABILITY

IN CONSIDERATION OF THE CITY OF KETTERING ALLOWING ME/MY CHILD/CHILDREN TO PARTICIPATE IN THE VOLUNTEER KETTERING PROGRAM AND BEING AWARE OF THE POSSIBLE INJURIES THAT COULD OCCUR AS A RESULT OF THAT PARTICIPATION, I, (MYSELF) AND/OR (MINOR CHILD) RELEASE THE CITY OF KETTERING OFFICIALS, EMPLOYEES, AGENTS AND INSTRUCTORS FROM ANY AND ALL INJURIES AND DAMAGES WHATSOEVER ARISING FROM PARTICIPATION IN THE EVENT.

I, MY HEIRS, AND REPRESENTATIVES, AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE CITY OF KETTERING, ITS OFFICIALS, EMPLOYEES, AGENTS AND INSTRUCTORS FROM ANY AND ALL CLAIMS MADE BY ME (MY CHILD/CHILDREN) OR MY INSURER FOR INJURIES OR DAMAGES RELATED TO THIS EVENT.

I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION AND DURING THE INTERVIEW PROCESS IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION OR SIGNIFICANT OMISSIONS OF ANY INFORMATION MAY BE CONSIDERED JUSTIFICATION FOR NON-ACCEPTANCE OR DISMISSAL IF DISCOVERED AT A LATER DATE AND THAT APPOINTMENT TO A VOLUNTEER POSITION MAY BE CONTINGENT UPON THE COMPLETION AND REVIEW OF A CRIMINAL BACKGROUND CHECK.

Liability Waiver.doc (60.00 KB).

Signature of Volunteer Date

Signature of Parent or Guardian Date