RELEASE FOR VOLUNTEER SERVICES

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, wish to participate as a volunteer for [describe event/activity]. I acknowledge I have voluntarily applied to participate as a volunteer, without pay. I understand there may be certain risks associated with my participation as a volunteer and I agree to assume all such risks.

I realize I could be injured while volunteering as a result of someone’s negligence or careless, from dangerous or defective equipment or property owned, maintained, or controlled by the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; or from my traveling to and from my volunteer activities. In consideration of permitting me to participate in this event, I do hereby waive, release and discharge the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, its officials, employees and volunteers, from any and all claims of whatever kind, which may directly or indirectly arise out of or in connection with my participation as a volunteer. I hereby accept any and all risk of personal injury, illness, death or damage to my property, and verify this statement by placing my signature below.

I further acknowledge that if I am injured while volunteering, emergency medical treatment may be required. I agree to release the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, it officials, employees and volunteers from all liability whatsoever that may arise on account of any first aid or medical treatment rendered to me in connection with my participation as a volunteer or the failure on the part of any representative of the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to provide medical care.

I understand that, in connection with my participation as a volunteer, I may be photographed, recorded or videotaped. I agree to allow my photograph, video or film likeness to be used for any legitimate purpose by the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and/or its assigns, and I waive any right, title and interest in any royalties, proceeds, or other benefits derived from such photographs or recordings.

I understand this Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable laws. I acknowledge this Release form will be used by the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the event I pursue any claim against the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, its officials, employees and volunteers. I further agree that in the event any clause or provision of this Release is held to be invalid by any court, it shall not otherwise affect the remaining provisions of the Release which shall continue enforceable.

I hereby certify I have carefully read this document and fully understand its content. I am aware that this is a release of liability and a legal contract and that it affects my legal rights. I am signing this document of my own free will.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Volunteer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

(for volunteers under the age of 18)