



## **VOLUNTEER RELEASE FORM**

**This is a waiver and release. Please read carefully before signing.  
ALL PARTICIPANTS UNDER THE AGE OF 18 MUST HAVE A PARENT OR GUARDIAN SIGN THIS FORM**

I, the undersigned, enter this release and waiver of liability, assumption of risk, and indemnity agreement ("Agreement") for the benefit of myself, my personal representatives, next of kin, heirs, successors, and assigns. Initial all sections below and sign where necessary.

\_\_\_\_\_ I will cause any participants under the age of 18 named below to agree and comply with the terms of the agreement and not to take any actions that would assist or cause the minor participants to invalidate, renounce, negate, revoke, or disclaim any part of the agreement.

\_\_\_\_\_ I make this agreement for the benefit of the City of Falls City, other individual volunteers, project coordinators, sponsors, suppliers, supporters, and all private and public land owners on whose property the project I am undertaking may be located.

\_\_\_\_\_ I make this agreement in consideration of the released parties providing me with the opportunity to participate as a volunteer on this project.

\_\_\_\_\_ I understand the project may include dangerous or hazardous activities and that the project may take place on a location or under conditions that may be dangerous to me. I do hereby agree to work safely and to wear protective equipment while I am volunteering for the City.

\_\_\_\_\_ I accept personal responsibility for risks arising from or relating to this project.

\_\_\_\_\_ My participation in this project is completely voluntary and I have neither received nor expect to receive any compensation for my participation in it.

\_\_\_\_\_ I agree to read, listen to, and follow all safety instructions and procedures presented in conjunction with this project and to use my best judgment based on my physical and mental abilities at all times.

\_\_\_\_\_ I will immediately terminate participation in this project if activities become too strenuous, difficult or hazardous for me.

\_\_\_\_\_ I agree that the activities necessary to complete the project have been fully and adequately explained to me and that I am physically and mentally capable of participating in the project without injuring myself in any manner.

\_\_\_\_\_ I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature. I intend this agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law, and I further agree that if any portion of this agreement is held invalid, then the balance of the agreement shall continue in full force and effect.

\_\_\_\_\_ I understand that a photographer may be present to photograph the activities at the project and that I may be photographed while participating in the project. I agree that I will contact the photographer if I do not wish to be photographed. In consideration of the publication of my image/photograph(s), I hereby grant permission to the City of Falls City and its representatives to use my image/photograph(s) in any and all of its publications, including Web site entries, without payment or other consideration. I further consent to any assignment, distribution, or transfer of my image/photograph(s) to third parties and I hereby transfer to the City of Falls City any copyright or ownership that I may have to my image/photograph(s). I will forever indemnify and hold harmless the City of Falls City and its agents, officers, and employees from any claims of liability, including costs of defense, which may result from the release, assignment, transfer, dissemination or publication of my image/photograph.

**\*I am authorized, responsible, and signing this waiver for the following participants under the age of 18:**

\_\_\_\_\_  
Name of Adult/Parent/Guardian (print)

\_\_\_\_\_  
Name of Minor (print)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization/Company (if applicable)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email (if you wish to be contacted for future events)

**\*I am a participant over the age of 18:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date