

Volunteer Waiver and Release of Liability

Volunteer Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Organization Name: _____

Event/Activity: _____

Date(s) of Volunteering: _____

1. Acknowledgment and Assumption of Risk

I, the undersigned, understand and acknowledge that my participation as a volunteer with the City of Grants involves certain inherent risks that could result in injury, illness, damage, or loss. I voluntarily assume all risks associated with my participation in volunteer activities.

2. Release and Waiver

In consideration of being allowed to volunteer with the City of Grants, I hereby release, waive, and discharge the City of Grants, its officers, directors, employees, agents, and affiliates from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by me while participating in volunteer activities.

3. Medical Treatment

I give permission for the City of Grants to provide or arrange emergency medical treatment, if necessary, and I assume all responsibility for any costs associated with such treatment. I also understand that I am responsible for my own health insurance coverage.

4. Confidentiality

I agree to keep all confidential information received during my volunteer work strictly confidential and not to disclose it to any third party without the prior written consent of the City of Grants.

5. Photographic Release

I grant the City of Grants the right to use any photographs, video, or other media taken of me during volunteer activities for promotional, educational, or other lawful purposes without compensation.

6. Code of Conduct

I agree to conduct myself in a respectful and professional manner and follow all safety guidelines, rules, and instructions provided by the City of Grants.

7. Indemnification

I agree to indemnify and hold harmless the City of Grants from any and all claims, losses, damages, liabilities, and expenses arising out of or related to my actions while volunteering.

8. No Employment Relationship

I understand that my participation as a volunteer does not constitute an employment relationship with the City of Grants and that I will not receive compensation, benefits, or insurance coverage for my services.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY.

Volunteer Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____