



Adopt-A-Spot Program Volunteer Waiver and Release of Liability Template

I am voluntarily participating in the _____ volunteer Adopt-A-Spot Program. I have read and agree to follow the Volunteer Guidelines. I acknowledge my participation in these events does not come without the risk of injury or harm; I accept this risk, and assume responsibility for all liability and risk associated with my participation.

I agree to hold harmless, release, waive and forever discharge the _____, its employees, departments, officers and agents, from any and all claims or demands I may have by reason of any accident, illness, injury, loss, destruction or damage to property, arising or resulting directly or indirectly from my participation in this activity. I further covenant not to bring any legal action against the _____, its employees, departments, officers and agents, for any injury, loss or damage resulting from my participation in this activity.

This Waiver and Release is contractual and not a mere recital and applies whether or not injury or loss resulting from this activity is caused by an act or omission of the _____, its employees, departments, officers or agents, negligent or otherwise.

This Waiver and Release is binding on my heirs, executors, administrators, assigns, and all of my family members, and applies to all losses, whether known or unknown, suspected or unsuspected, related to my participation in this activity.

I hereby grant permission to the _____ to use photographs of me taken during this activity on its website and in other publications for the business and or publicity purposes of the _____. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. I understand that participation offers no remuneration. Your personal information shall not be shared.

This volunteer contract must be filled out and returned no later than the first day of volunteer work. This form must be filled out by an adult over 18 years of age.

General Information:

Participant/Volunteer: _____

Address: _____

Email: _____ Phone: _____

Emergency Contact

Name: _____ Phone: _____

Signatures

Volunteer (signature) Date

Parent or Legal Guardian (Signature) Date