

Adult Waiver & Release Agreement City of New Albany - City Services Network

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

This is a Release

I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. I give the City of New Albany permission to use any photographs or videos taken of me during my service without obligation or compensation to me. I understand that the City of New Albany reserves the right to terminate a volunteer's service at any time.

“As a participant in this program, I recognize and acknowledge that there certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.”

“I agree to waive and relinquish all claims I may have as a result of participating in the program against the above-named entity and its officers, agents, servants and employees.”

“I do hereby fully release and discharge the above-named entity and its officers, Agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the program.”

“I further agree to indemnify and hold harmless and defend the above-named entity and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities or the program.”

I have read and fully understand the above City Services Network and I fully understand that **“THIS IS A RELEASE”**.

Participant's Signature

Date