



Keep Douglasville Beautiful Volunteer Waiver Form

Event _____

Date _____

Name of Volunteer (please print)

Date of Birth

Are you under 18? _____
(If yes, please complete Parental Consent below)

Address

Participating Group/Organization

City, State, Zip

County

Phone

Emergency Contact Name

Emergency Contact Phone Number

If you or your child has special medical needs that might require medication or special practices, i.e., bee sting allergy, asthma, diabetes, please note below and make sure you or your child has the equipment needed to handle the situation.

Special Medical Needs or Known Allergies

General Volunteer Waiver

I acknowledge and understand that the volunteer work that I will participate in may involve strenuous physical activities and work under difficult conditions, and can result in serious personal injury or in death. I certify that I am physically fit and have not been advised otherwise by a qualified medical person. I understand and agree that it is my responsibility to obtain medical treatment that may be deemed advisable in the event of injury, accident and/or illness during my volunteer activities.

In consideration for the opportunity to engage in volunteer work through the City of Douglasville's Keep Douglasville Beautiful ("KDB"), I agree for myself, my executors, administrators, heirs, successors and assigns to: (A) waive, release and discharge the following persons and entities from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me: the City of Douglasville, the Georgia Interlocal Risk Management Agency, KDB, its parent and affiliates, and their directors, officers, employees, volunteers, representatives, agents, event holders, and landowners whose facilities are being used or whose property is being cleared or cleaned (collectively the "Released Parties"); and (B) indemnify and hold harmless the Released Parties from any and all liabilities, claims, actions, suits, procedures, costs, damages, fines, penalties and expenses, including but not limited to attorney fees, which arise in connection with my participation in the volunteer activities, without limit, and whether caused by the acts or omissions of the Released Parties.

This waiver, release and indemnity agreement shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect.

I agree that KDB may take my photograph or use my image to promote the purposes of KDB with no compensation due me.

Signature of Volunteer

Date

Parental Consent required if Volunteer is under age 18.

Name of Child

has my/ our permission to participate in this Keep Douglasville Beautiful event. If I/ we cannot be reached in the event of an emergency, the following person is authorized to act on my/ our behalf:

Name (please print)

Relationship to Child

Phone

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date

Each volunteer must sign and return this release form to the event coordinator prior to participating in any Keep Douglasville Beautiful volunteer activity.