



City of Rockmart

VOLUNTEER RELEASE AND WAIVER

ADOPT-A-TRAIL PROGRAM



Volunteer's Information:

Volunteer's Name: _____ Date of Birth: _____
Email: _____ Phone: _____
Street Address: _____ City, State, Zip: _____

Volunteer understands that the scope of Volunteer's relationship with the City of Rockmart is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that the City of Rockmart will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to the City of Rockmart:

- 1. Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless the City of Rockmart and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges the City of Rockmart from any liability or claim that I may have against the City of Rockmart with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to the City of Rockmart or occurring while I am providing volunteer services.
- 2. Insurance:** Further I understand that the City of Rockmart does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of the City of Rockmart beyond what may be offered freely by the City of Rockmart in the event of injury or medical expenses incurred by me.
- 3. Medical Treatment:** I hereby Release and forever discharge the City of Rockmart from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with the City of Rockmart.
- 4. Assumption of Risk:** I understand that the services I provide to the City of Rockmart may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release the City of Rockmart from all liability.
- 5. Photographic Release:** I grant and convey to the City of Rockmart all rights, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by the City of Rockmart in connection with my providing volunteer services to the City of Rockmart.
- 6. Other:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily. This agreement is effective from the assigned date and valid for a one-year period of time.

Volunteer Signature

Date

Parent/Guardian Signature

Date