



VOLUNTEER LIABILITY WAIVER FORM

This waiver must be signed by each person participating in the City of Mason volunteer programs. This form must be completed and returned to the City of Mason Customer Service Desk prior to participation as a volunteer.

Applicant:

Name: _____ Phone: _____

Address: _____

Email: _____

Volunteer Program:

Please list the volunteer program of interest: _____

Please read below before signing:

I intend to participate in the City of Mason volunteer program as noted above. I agree that my participation is completely voluntary and that I am not entitled to payment for any services rendered.

I understand that participation may involve some risks to my personal safety and I agree to conduct myself in a safe manner to avoid injury to myself or other volunteers, employees, or customers of the City.

I agree that the City of Mason shall not be liable for any claims, injuries, or damages as a result of my participation in the volunteer program. I also agree to waive and hold harmless the City of Mason, its officials, employees, and agents, from and against, any and all claims, injuries, damages, and all causes of action of any nature arising out of my participation in the City of Mason volunteer program. This includes but is not limited to any injuries or other claims that may result from the condition of the City of Mason property where services are rendered. I understand that as a volunteer, I will not be entitled to benefits such as Workers' Compensation, pension rights, or other rights.

I give the City of Mason permission to use, publish, and republish, without compensation or obligation to me any photographs, videos or media now in existence, which may be developed for future use along with reproduction of my likeness taken during my volunteer service to the City of Mason.

Signature of Participant: _____ **Date:** _____

Name of Guardian (if participant is under 18): _____

Guardian Signature: _____ Date: _____

For Office Use Only:

Received By: _____ Date: _____

Volunteering Opportunity: _____ Dates: _____

Request Granted By: _____ Date: _____

Notified By: _____ Date: _____

Revised 7.10.18 (Clerk)