



**CITY OF CENTERVILLE, GEORGIA VOLUNTEER WORKER
ADULT (18 years of age or older) CONSENT AND RELEASE FORM
WAIVER AND RELEASE OF LIABILITY & HOLD HARMLESS AGREEMENT**



Participant Name: _____

Activity Date: _____

Activity/Location: _____

Address: _____ City: _____ State: _____

Phone Number(s): (home) _____ (work) _____ (cell/other) _____

In consideration for permission to participate as a volunteer in a City of Centerville ("City") public service project for the:

Name of City Department and/or Project/Location

I agree as follows:

I have considered and evaluated the risks, danger and possibility of injury resulting from participation as a volunteer performing a public service project for the City of Centerville. I am an adult, 18 years of age or older, and am competent and legally able to execute this document.

Participant initials

I know and understand that foreseeable and unforeseeable injuries from common or unexpected sources could occur from the nature of the activity, conditions of the location and from actions of myself, other participants, the City, the City's employees or volunteers, other persons involved in this public service project and uninvolved strangers in the vicinity.

Participant initials

I deliberately and knowingly assume all costs, risks of injury and/or other damages including, but not limited to, cost of my medical treatment, permanent injury or death, and my property damages resulting from my participation in the public service project. I waive, release and hold harmless the City, its employees, volunteers, and agents from all legal and financial responsibility and from all costs, injuries and/or other damages which might occur while I am participating in the public service project.

Participant initials

I give my permission to the City of Centerville for any photos or video footage of myself taken during the course of this public service project to be used for educational, promotional, or any other legal purpose by the City of Centerville.

Participant initials

I have carefully and thoughtfully read the foregoing agreement and I understand it or have had it explained to me.

Participant initials

Signed: _____ Date: _____
Participant Signature _____ Participant initials

In case of an emergency, please notify the following:

Name: _____ Relationship: _____
If different than listed above

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Doctor's Name: _____ Office Phone: _____

Doctor's Address or Hospital: _____