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: __________________________