CITY OF CENTERVILLE, GEORGIA VOLUNTEER WORKER
PARENTAL CONSENT AND RELEASE FORM
WAIVER AND RELEASE OF LIABILITY & HOLD HARMLESS AGREEMENT

Activity Date: ___________________ Activity/Location: ____________________________

Participant and Parent/Guardian Names: __________________________________________

Address: ________________________________________________________________

City: ____________________________

Parent/Guardian Phone number(s): (home) ______________________ (work) _____________
(cell) ______________________ (other) _______________________________________

I, the undersigned, being the parent or legal guardian of the Minor listed above do hereby deliberately sign this document and agree to RELEASE AND FOREVER DISCHARGE the City of Centerville, Georgia and its elected officers, employees, officials, and agents, from any and all claims, suits, liability, demands or causes of action on account of personal injury, death, or property damage, that may arise from or in connection with the Minor’s participation in the above described activity. In executing this release, I am expressly binding myself, my heirs, executors, administrators, and assigns by the terms of this release for any claim or cause of action of any kind that may arise as result of the Minor’s participation in the described activity, whether caused by a negligent, grossly negligent, or reckless act of the City of Centerville or its employees or volunteers or other persons involved in or strangers uninvolved but in the vicinity of this public service project, elected officers, officials, or agents, or caused by real property (premises conditions) or the use of any tangible personal property or equipment.

________ parent/guardian initials

I have considered and evaluated the risks, danger and possibility of injury resulting from my minor child’s or legal ward’s participation as a volunteer performing a public service project for the City of Centerville. 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 my minor child, other participants, the City, the City’s employees or volunteers, other persons involved in this public service project and uninvolved strangers in the vicinity. I am an adult, 18 years of age or older, and am competent and legally able to execute this document on behalf of my minor child or legal ward.

________ parent/guardian initials

I give my permission to the City of Centerville for any photos or video footage of my minor child or legal ward 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.

________ parent/guardian initials

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

________ parent/guardian initials

Signed: ________________ Date: ________________

Parent or Legal Guardian Signature ________________ initials

In case of an emergency, please notify the following:

Name: ______________________ Relationship: _______________________

Contact information: ____________________________________________