

Minor Waiver & Release Agreement City of New Albany - City Services Network

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

This is a Release

I understand that I am working at all times on a voluntary basis, without monetary compensation or benefits, and not as a paid employee. I give the City of New Albany permission to use any photographs or videos taken of me during my service without obligation or compensation to me. I understand that the City of New Albany reserves the right to terminate a volunteer's service at any time.

“As a parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which the participant may sustain as a result of participating in any activities connected with or associated with such program.”

“As the parent/guardian of a participant in this program I agree to waive and relinquish all claims that I or the participant may have as a result of participating in the program against the above-named entity and its officers, agents, servants, and employees.”

“As the parent/guardian of a participant in this program I do hereby fully release and discharge the above-named entity and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I or the participant may have or which may accrue to me or the participant on account of participation in the program.”

“As the parent/guardian of a participant in this program I further agree to indemnify and hold harmless and defend the above-named entity and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by the participant and arising out of, connected with, or in any way associated with the activities of the program.”

I have read and fully understand the City Services Network and I fully understand that **“THIS IS A RELEASE.”**

Parent/Guardian's Signature

(Print Minor Participant's Full Name)

Date