

**CITY OF LINDON CITY
VOLUNTEER FORM**

RELEASE OF LIABILITY FOR UNDER 18

I AM AWARE that volunteering for the City of Lindon City involves risks of personal injury, property damage, and other risks associated with volunteer service.

I RELEASE the City of Lindon City from any and all liability for all loss, damages, and claims, (including attorney fees and costs), resulting from injury to the student listed below or to his or her property arising from the volunteering services.

I HEREBY HOLD HARMLESS the City of Lindon City and project organizers from any and all claims, actions, or damages relating to or arising out of any activity related to volunteering for the City of Lindon City. These releases are effective for the student listed below, his or her personal representatives, assigns, and heirs.

I HEREBY confirm, represent and warrant that I have never been convicted of any violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense of any kind or any other violation of law, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

I UNDERSTAND I am fully and completely responsible for all healthcare expenses incurred if I become injured while participating in the City of Lindon City's Volunteer Program, and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.

FURTHERMORE, I agree to utilize my own vehicle for transportation to and from the City, and further agree that I will be fully responsible for any and all damages or injuries sustained by myself, and anyone else in my vehicle. I agree not to provide transportation for any of the children that are attending any of the programs for which I may volunteer. I hereby represent and warrant that I am fully insured to operate my personal vehicle, to the extent required by law.

I ASSUME FULL RESPONSIBILITY FOR any and all claims and costs (including my own) arising directly or indirectly out of activities, acts, or omissions while I am volunteering with the City of Lindon City.

FURTHERMORE, I authorize the City of Lindon City to use my information listed below and give any organization involved with the City of Lindon City permission to photograph me. I understand that the City of Lindon City has permission to use, photographs/videotapes, likeness, image, voice and biography in all media, publications, advertising and for publicity purposes in connection with my participation with a City of Lindon City Volunteer Program related activity or project unless written notice is received to the contrary.

I CERTIFY that the statements made in this volunteer release are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release the City of Lindon City from any liability whatsoever for supplying such information. I understand that the student listed below will not be paid for services as a volunteer.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THE RELEASE AND INDEMNITY AGREEMENT. I HAVE BEEN INFORMED THAT UPON MY 18TH BIRTHDAY, I WILL BE REQUIRED TO SIGN A NEW RELEASE OF LIABILITY.

VOLUNTEERING ORGANIZATION _____

STUDENT NAME: _____

PARENT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PARENT PHONE: _____ PARENT -or- MINORS CELL PHONE: _____

STUDENT E-MAIL ADDRESS: _____

MINORS SIGNATURE: _____ DATE: _____

****GUARDIAN, IF UNDER 18 : _____ DATE: _____**

** A Parent or Guardian must sign if under the age 18 at time of signature.

I HAVE CAREFULLY READ AND UNDERSTAND COMPLETELY THE ABOVE PROVISIONS AND VOLUNTARILY SIGN THE RELEASE AND INDEMNITY AGREEMENT.