



VOLUNTEER REGISTRATION AND RELEASE

Name:		
Organization:		
Address:		
Home phone:	Cell phone:	E-mail:

I desire to volunteer my time and services with respect to the following project or program:
Adopt A Street Program

_____ I hereby agree to release and hold harmless the City of Goodyear and its officials, officers, directors, employees, and agents from and against any and all claims, damages, losses, liabilities, and expenses arising out of or related to my voluntary participation in the above-described project or program, including damages or injury of any nature that I may incur. I understand that this Release discharges the City of Goodyear from any liability or claim that I, or my guardian if I am under the age of 18, may have against the City of Goodyear with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my work as a volunteer with the City of Goodyear, whether caused by the negligence of the City of Goodyear and its officials, officers, directors, and employees, agents or otherwise.

_____ I understand that my volunteer activities for the City of Goodyear will not be covered by workers compensation. I understand that depending on the nature of the project or program, the work involved may include hazardous activities. I understand that the City of Goodyear is not responsible for determining whether an activity is suitable for me; I must make that determination. I agree that I will not engage in any activities that are not appropriate for me based on my current overall health, fitness level, physical condition, and/or physical ability. By participating in an activity, I agree that I expressly and specifically assume the risk of injury or harm and release the City of Goodyear from all liability.

_____ I certify that I am 18 years of age or older, or that my parent or guardian has full knowledge of my participation in this event and has given me permission to participate, as evidenced by his/her signature below.

_____ I hereby grant and convey to the City of Goodyear all rights, title, and interest in any and all photographic images and video or audio recordings made by the City of Goodyear during my participation as a volunteer including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Participant Signature (if under age 18, parent/guardian must co-sign below) **Date**

I have read the above release and agree to the terms and conditions contained herein on behalf of my child and myself.

Parent Guardian Name: _____ **Phone No.** _____

Parent/Guardian Signature **Date**

Thank you for volunteering!

City of Goodyear
P.O. Box 5100
Goodyear, Arizona 85338
623.932.3910