**Volunteer Release and Waiver of Liability**

**Volunteer Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. Waiver and Release.** Volunteer and parent/guardian release and hold harmless the City of Sandy Springs, City officials, employees and its agents from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, arising from volunteer’s participation in the event. By signing this form, volunteer and parent/guardian discharge the City of Sandy Springs, its officials, employees and agents from any liability or claim that volunteer or parent/guardian may have with respect to any bodily injury, personal injury, illness, death or property damage that may result from volunteer’s participation in the event and any claim against any person transporting volunteer to or from the event.

**2. Medical Treatment and Insurance/Authorization for Treatment**. Volunteer and parent/guardian release and forever discharge the City of Sandy Springs, City officials, employees and its agents from any claim whatsoever which arises now or later on account of any first aid, treatment or service rendered in connection with the volunteer’s participation in the event. In the event that an emergency should occur and the emergency contact person designated cannot be reached, volunteer and parent/guardian hereby give permission to the medical persons selected by the City of Sandy Springs Parks and Recreation Department to secure and administer all necessary treatment, including hospitalization, ordering x-rays and routine tests, release of any records necessary for insurance purposes and any necessary related transportation for volunteer.

**3.** **Assumption of the Risk**. Volunteer and parent/guardian acknowledge that participation in the event is purely optional and that it is volunteer’s and parent/guardian’s responsibility to assess the hazards present by participation in the event and that volunteer and parent/guardian are the ultimate judge as to whether volunteer can participate in the event without risk of harm. Volunteer and parent/guardian understand that while volunteering for the event circumstances may arise which cannot be controlled by City officials, employees or its agents. Volunteer and parent/guardian assume all risk of injury or harm incidental to the conduct of the event and transportation to and from the event and release the City of Sandy Springs, City officials, employees and its agent from all liability for injury, illness, death or property damage resulting from volunteer’s participation in the event.

**4.** **Photographic/Video Release**. Volunteer and parent/guardian grant the City of Sandy Springs the right to photograph and videotape all activities, events, camps, classes, programs and facilities for promotional purposes. Volunteer and parent/guardian hereby release the City of Sandy Springs from any liability resulting therefrom.

**5. Other**. Volunteer agrees to abide by the policies and rules of the City of Sandy Springs. Volunteer understands that he/she is responsible for any damages to City of Sandy Springs property that may occur during volunteer’s usage. Volunteer understands that any problems should be reported to the City of Sandy Springs Parks and Recreation Department. This release is intended to be as inclusive as the laws of Georgia permit and that it shall be governed by the laws of Georgia. Volunteer and guardian agree that if a clause or provision of this release is found by a court to be invalid, that finding shall not invalidate any other clause or provision of this release which shall continue to be enforceable.

\*\***Those individuals who are 18 years of age or younger must have a parent/guardian signature before participating**.

Projects and/or events must have prior approval by the City of Sandy Springs Parks and Recreation Department thirty (30) days prior to any event in order to prevent overlapping of prior department activities or rentals.

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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