Child and Youth Group

Volunteer Waiver Form



VOLUNTEER WAIVER

WARNING OF RISK, WAIVER, RELEASE OF ALL CLAIMS AGREEMENT

Please read this form carefully and be aware that, in participating, you will be waiving and releasing all claims for injuries you may sustain arising out of participation.

☐ Check here if under 19 years old and have parent/guardian sign bottom of form

Keep Lincoln & Lancaster County Beautiful coordinates litter clean-ups by groups who agree to pick up litter in public rights-of-way (alleys, streets, roadsides, parks, sidewalks, and shores of lakes/edges of streams).

A person who participates in these clean-up activities may be exposed to dangers, risks, and/or hazards associated with walking, traffic, uneven ground, sharp or dirty pieces of trash, etc. etc.

Participants should wear sturdy shoes and clothing, including work gloves, which will protect them from scratches, cuts, etc., while walking in brush on roadsides, stream edges, or other areas. They should wear insect repellant and sunscreen as necessary. In addition, participants should be in good enough health to navigate the terrain involved in the clean-up activity, and should observe traffic and other safety precautions when cleaning along streets, roadsides, alleys, lakes, or streams.

The undersigned is responsible for determining if he or she is physically fit to participate in the clean-up activities for which he or she has volunteered. It is always advisable, especially if he or she is disabled in any way, or recently suffered an illness, injury or impairment, to consult a physician before participating in any physical activity.

Participation by the undersigned is voluntary and the undersigned may withdraw at any time, however participant must cease his or her involvement at once.

The undersigned:

- 1. Recognizes and acknowledges that there are certain risks of physical injury and loss connected to or associated with participating in the clean-up activities. The undersigned agrees to assume the full risks of any loss or damage to clothing and/or personal equipment; any mental and/or physical injuries, including illness, permanent and/or partial disability; severe social and/or economic loss; attorney's fees; and/or any other damages or loss which may result not only from his or her actions, inactions or negligence; and the actions, inactions or negligence of others, or in the condition of the premises or of any equipment used. The undersigned further assumes all the foregoing risks and accepts personal responsibility for all costs associated with the risks or injuries that the undersigned incurred or causes.
- 2. Waives and releases any and all claims he or she may have against the City of Lincoln and Keep Lincoln & Lancaster County Beautiful, and each entity's officers, directors, agents, employees, and/or volunteers.
- 3. Further agrees to indemnify and hold harmless and defend the City of Lincoln and Keep Lincoln & Lancaster County Beautiful and each entities' officers, directors, agents, employees, and/or volunteers, from any and all claims resulting from any risks or injuries, including death, damages and losses sustained or

- caused by he or she, or arising out of, connected with, or in any way associated with the activities of the undersigned.
- 4. Further releases, waives or discharges and covenants not to sue the City of Lincoln and Keep Lincoln & Lancaster County Beautiful, and each entities officers, directors, agents, employees, and/or volunteers, for any and all liability to the undersigned, his or her heirs, next of kin, successors, or assignees, of any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the City of Lincoln and/or Keep Lincoln & Lancaster County Beautiful, and each entities' officers, directors, agents, employees, and/or volunteers.
- 5. Where this release is executed by a participant and parent/guardian on behalf of the participant (under age of 19) participating in the provided attractions and activities, the undersigned parent/guardian hereby acknowledges and represents his or her unqualified authority to execute the same on behalf of the minor and agrees to hold harmless and indemnify the City of Lincoln and Keep Lincoln & Lancaster County Beautiful, and each entities' officers, directors, agents, employees, and/or volunteers, from and against any claims of such minor or his or her successors, and agrees to all terms and conditions of this Agreement.
- 6. The undersigned waives all rights to notice of risks associated with clean-up activities.
- 7. Authorizes, but does not require, other participants, City of Lincoln, and Keep Lincoln & Lancaster County Beautiful and each entity's officers, directors, agents, employees, and/or volunteers to provide or obtain emergency or non-emergency medical service on behalf of the undersigned.

The undersigned has read and fully understand this Agreement, and personally assumes all risks and loss associated with such risks, whether known or not known by him or her. The undersigned understands by signing this Agreement that he or she is surrendering valuable rights and is doing so freely and voluntarily.

Participant Signature	Date			
Printed Name	D/O/B			
If a parent or guardian is signing on behalf of a participant (under the age of 19):				
Parent/Guardian Signature	Date			
Parent/Guardian Printed Name	Relationship:			
Printed Name of Participant	Participant D/O/B			
Emergency Contact	_Phone			
Physician	Phone			

Adult

Volunteer Waiver Form



Date

VOLUNTEER WAIVER/SIGN-IN

WAIVER AND RELEASE OF ALL CLAIMS FOR CITY OF LINCOLN VOLUNTEERS

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

As a volunteer 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, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with this program.

I agree to waive and relinquish all claims I may have as a result of participating in this program against the City of Lincoln and their officials, officers, agents, volunteers and employees.

I do hereby fully release and discharge the City of Lincoln, their officials, officers, agents, volunteers and employees from any and all claims for injuries, damage or loss which I may have or which may accrue to me on account of participation in this program.

I have read and understand the above Waiver and Release of All Claims.

Name

<u>Date</u>	<u>Name</u>	Address	Signature
			•
			

Address

Signature

