



**Voluntary Release - Waiver of Liability
Short Term Project Volunteer Program
CITY OF FAIRFIELD, Volunteer Program
1000 Webster Street, Fairfield, CA 94533-4883
(707) 428-7767**

I understand that my participation in this Volunteer Program will consist of assisting city staff and may include activities such as: _____

These activities may contain certain inherent dangers and risk of injury or death, which may include, but are not limited to, _____, which I appreciate and voluntarily assume, because I choose so to do. **I voluntarily elect to accept all risks** connected with my participation in this activity. _____ (Initial)

In consideration of the acceptance of my participation in the City of Fairfield's Short Term Volunteer Program, I for myself, my heirs, executors, administrators and assigns hereby waive, release, and discharge and agree not to sue the City of Fairfield, their agents, representatives, officers, employees, and volunteers (hereinafter collectively referred to as "CITY") from injury, death or damage to or loss of personal property arising out of or in connection with my volunteer assignment. Further, I, for myself, my heirs, executors, administrators and assigns, hereby agree to hold City harmless and indemnify City from any and all claims, demands, actions or suits arising out of or in connection with my volunteer assignment.

I have read and will abide by all of the City of Fairfield's safety regulations, rules, and policies while performing tasks related to this project.

I have carefully read this release, indemnification, hold harmless and agreement not to sue and fully understand its contents. I am aware that by signing it I am giving up legal rights. I understand this is a release of all liability and I have signed it of my own free will.

I further understand that I will not be covered for workers' compensation by the City of Fairfield while I am performing my volunteer duties related to this project. I am able to perform the duties as explained to me.

Date Signature of Applicant

Age Name of Applicant (Please Print)

Parent/Guardian Signature (If participant is under 18)