

## **VOLUNTEER FORM**

### **RELEASE OF LIABILITY FOR ADULTS**

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

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

**I HEREBY HOLD HARMLESS** 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 Lindon City. These releases are effective for me, my personal representatives, assigns, and heirs.

**I HEREBY** confirm, represent and warrant that I have never been charged with or convicted of any violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense of any kind or any other similar violation of law, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith. I hereby give my consent and authorize Lindon City to investigate any past conduct, including having access to any criminal history pursuant to U.C.A. 53-10-108. I understand that any information relating to any past criminal history will be viewed only by the those representatives of Lindon City who are involved in processing my application and will not be distribute or discussed with any other third parties and that any such information will only be used to verify my affirmations contained herein and in making decision regarding my application to act as a volunteer.

**I UNDERSTAND** I am fully and completely responsible for all healthcare expenses incurred by me 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 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 volunteering with the City of Lindon City.

**FURTHERMORE**, I authorize the City of Lindon City to use my name 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 my name, 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 I 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.**

**VOLUNTEERING ORGANIZATION** \_\_\_\_\_

**VOLUNTEER NAME:**\_\_\_\_\_

**VOLUNTEER BIRTHDATE** \_\_\_\_\_

**ADDRESS:**\_\_\_\_\_

**CITY:**\_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME TELEPHONE:**\_\_\_\_\_

**CELLULAR:**\_\_\_\_\_

**E-MAIL ADDRESS:**\_\_\_\_\_

**SIGNATURE:**\_\_\_\_\_ **DATE:**\_\_\_\_\_