



VOLUNTEER WAIVER OF LIABILITY

Volunteer Name (PRINT ONLY) _____

Emergency contact (PRINT NAME OF PERSON TO CONTACT)

Name

Phone number

FOR PARENTS OF MINORS:

Name(s) of dependent(s): _____

I am giving my permission for my dependent(s) listed above to participate as a volunteer in a Keep Victoria Beautiful project.

However, I do not want my dependent(s) to:
[list appropriate activities]

I acknowledge that I and/or any my dependent(s) listed in this application have voluntarily applied to participate without pay as a volunteer and not as a consumer in the construction and other activities of Keep Victoria Beautiful.

I AM AWARE THAT CONSTRUCTION AND HOME REPAIR ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES (AND/OR ALLOWING THE PARTICIPATION OF MY DEPENDENT(S) WITH THE KNOWLEDGE THAT MEDICAL FACILITIES MAY NOT BE AVAILABLE IN THE EVENT OF ILLNESS OR INJURY.

AS CONSIDERATION FOR PARTICIPATION IN THESE ACTIVITIES, I HEREBY AGREE THAT KEEP VICTORIA BEAUTIFUL AND THEIR RESPECTIVE EMPLOYEES, AGENTS OR CONTRACTORS (“PROTECTED PARTIES”) SHALL HAVE NO LIABILITY FOR ANY CLAIMS, ACTIONS, DEMANDS, LOSSES, COSTS, EXPENSES, PENALTIES, INJURIES, AND/OR DAMAGES OF ANY KIND ARISING OUT OF OR RELATED TO THE ACTIVITIES (“CLAIMS”), EVEN IF SUCH CLAIMS ARISE OUT OF NEGLIGENT, GROSSLY NEGLIGENT, OR WILLFUL ACTS OF THE PROTECTED PARTIES. I THEREFORE WAIVE ANY AND ALL SUCH CLAIMS THAT I AND/OR MY DEPENDENT(S) MAY HAVE AGAINST THE PROTECTED PARTIES.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER OF LIABILITY AND THAT **I HAVE VIEWED THE ONLINE VOLUNTEER SAFETY VIDEO AT WWW.KEEPVICTORIABEAUTIFUL.COM**

Signature of Volunteer

Signature of Parent of Minor