



Marion County Youth Volunteer Permission and Waiver Form for One-time Events

Project: _____ Site Name: _____ Date: _____

NOTE: ALL PARTICIPANTS UNDER THE AGE OF 18 WHO ARE UNESCORTED BY AN ADULT, MUST HAVE A PARENT OR GUARDIAN SIGN THIS PERMISSION AND WAIVER FORM PRIOR TO PARTICIPATING.

This is a waiver and release. Please read it carefully before signing. I am the parent or legal guardian of Participant named below and I, the undersigned, enter this Release and Waiver of liability, Assumption or Risk, and Indemnity Agreement (“Agreement”) for the benefit of myself, my personal representatives, next of kin, heirs, successors, and assigns and anyone else who may make any claim for on behalf of the Participant.

- I will cause the Participant to agree and comply with the terms of the Agreement and not to take any actions that would assist or cause the Participant to invalidate, renounce, negate, revoke, or disclaim any part of the Agreement.
- I make this Agreement for the benefit of Marion County, other individual volunteers, project coordinators, sponsors, suppliers, supporters, and all private and public land owners on whose property the project described above may be located (collectively the “Released Parties), including, without limitation, the Released Parties employees, agents, personal representatives, next of kin, heirs, successors and assigns.
- I make this Agreement in consideration of the Released parties providing Participant with the opportunity to participate as a volunteer in this project.
- I understand that the Project may include dangerous or hazardous activities and that the Project may take place on a location or under conditions that may be dangerous to Participant.
- Participant and I accept full personal responsibility for all risks arising from or relating to this Project.
- Participant’s involvement in this Project is completely voluntary and neither Participant nor I have received nor expect to receive any compensation for participation in it.
- Participant will read, listen to and follow all safety instructions and procedures presented in conjunction with this Project and use best judgment based upon physical and mental abilities at all times, and to immediately terminate participation in this Project if activities become too strenuous, difficult or hazardous.
- I agree that the activities necessary to complete the Project have been fully and adequately explained to Participant and me and that Participant is physically and mentally capable of participating in the Project without injuring him or herself in any manner.
- I agree to waive all liability of the Released parties, hold them harmless, indemnify them, discharge them, covenant not to sue them, and reimburse them for any liability, claims, sums, costs, or other expenses on my account that may be caused in whole or in part by Participant’s involvement in the Project.
- I further agree that, despite this Release and Waiver of liability, Assumption of Risk and Indemnity Agreement, if I or anyone on my behalf makes a claim against any of the Released Parties, I will indemnify, save, and hold harmless each of the Released Parties from any litigation expenses, attorneys’ fees, loss, liability, damage, or costs that any Released Party may incur as a result of such action.
- I agree that this Agreement shall act as a complete bar against all actions or claims that I might otherwise bring against the Released Parties, including negligence claims arising from or related to this project.
- I have read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature. I intend this Agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law, and I further agree that if any portion of this Agreement is held invalid, then the balance of the Agreement shall continue in full force and effect.
- I understand that a photographer may be present to photograph the activities at the Project and that Participant may be photographed while participating in the Project. I agree that Participant will contact the photographer if he or she does not wish to be photographed.
- I hereby grant Marion County the irrevocable and unrestricted right to use and publish the photographs of Participant, or in which Participant may be included. I hereby release Photographer and his/her legal representatives and assigns and Marion County from all claims and liability relating to any such photographs.

PLEASE PRINT CLEARLY

Name of Participant				Participant Age	
Name of Parent/Guardian			Relationship to Participant		
Address					
City		State		Zip Code	
Phone					
Signature of Parent/Guardian				Date	

THANK YOU FOR VOLUNTEERING