

**CITY OF IDAHO FALLS, IDAHO VOLUNTEER RELEASE OF
LIABILITY**

ADULT VOLUNTEER (18 & OVER)

I, _____, in consideration of the opportunity and permission to volunteer with the City of Idaho Falls, Idaho, to perform the assigned service and the beneficial experience to be gained, do hereby fully and completely release the City of Idaho Falls, Idaho, its officials and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I acknowledge that the volunteer work I am performing may be physical in nature. I acknowledge that any photograph or videotape taken of me participating in this activity may be used for outreach, education or documentation purposes, without compensation, by the City of Idaho Falls, Idaho.

By my signature below, I verify that I am 18 years of age or older. I also understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release and indemnify the City of Idaho Falls, Idaho, its officials and employees from all liability resulting from my participation in this program.

Signature of Participant:

_____ Date: _____

Address: _____ City:

Phone: _____

CITY OF IDAHO FALLS, IDAHO
VOLUNTEER RELEASE OF LIABILITY

YOUTH VOLUNTEER (UNDER 18)

Signature of Parent or Legal Guardian required if participant is under 18 years of age

By my signature below, I verify that I am a **parent or legal guardian** of the participant and I hereby consent to his/her participation in the City of Idaho Falls, Idaho volunteer program. I also agree to indemnify, hold harmless and release the City of Idaho Falls, Idaho, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the above-named program. I acknowledge that any photograph or videotape taken of my child/ward participating in this activity may be used for outreach, education or documentation purpose, without compensation, by the City of Idaho Falls.

Signature of Parent/Legal Guardian: _____ Date: _____

Name of Participant: _____ Age: ____ Parent Phone: _____

Address: _____ City: _____ State: _____