



# CITY OF BELLBROOK

## RELEASE FOR VOLUNTARY SERVICES

15 EAST FRANKLIN STREET, BELLBROOK, OHIO 45305  
(937) 848-4666 [WWW.CITYOFBELLBROOK.ORG](http://WWW.CITYOFBELLBROOK.ORG)

I WISH TO PARTICIPATE AS A VOLUNTEER FOR THE CITY OF BELLBROOK. I ACKNOWLEDGE THAT I HAVE VOLUNTARILY APPLIED TO PARTICIPATE AS A VOLUNTEER, AND I AM NOT ENTITLED TO THE CITY OF BELLBROOK BENEFITS, INCLUDING BUT NOT LIMITED TO, COMPENSATION, RETIREMENT, HEALTH BENEFITS, PENSION PLANS, UNEMPLOYMENT COMPENSATION, OR WORKERS' COMPENSATION. I UNDERSTAND THAT THERE MAY BE CERTAIN RISKS ASSOCIATED WITH MY VOLUNTEERING AND I AGREE TO ASSUME ALL RISKS ASSOCIATED WITH MY PARTICIPATION AS A VOLUNTEER.

I REALIZE THAT I COULD BE INJURED WHILE VOLUNTEERING FROM SOMEONE'S NEGLIGENCE OR CARELESSNESS, FOR DANGEROUS OR DEFECTIVE EQUIPMENT OR PROPERTY OWNED, MAINTAINED OR CONTROLLED BY THE CITY OF BELLBROOK; OR FROM MY TRAVELING TO AND FROM MY VOLUNTEER ACTIVITIES. IN CONSIDERATION OF MY APPLICATION AND PERMITTING ME TO PARTICIPATE IN THIS EVENT, I DO HEREBY WAIVE, RELEASE AND DISCHARGE THE CITY OF BELLBROOK, ITS EMPLOYEES OR OTHER VOLUNTEERS, FROM ANY AND ALL CLAIMS OF WHATEVER KIND, WHICH MAY DIRECTLY OR INDIRECTLY ARISE OUT OF OR IN CONNECTION WITH MY PARTICIPATION AS A VOLUNTEER. I HEREBY AGREE TO ACCEPT ANY AND ALL RISK OF PERSONAL INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE, AND VERIFY THIS STATEMENT BY PLACING MY SIGNATURE BELOW.

I FURTHER ACKNOWLEDGE THAT IF I AM INJURED WHILE VOLUNTEERING, EMERGENCY MEDICAL TREATMENT MAY BE REQUIRED. I AGREE TO RELEASE THE CITY OF BELLBROOK FROM ALL LIABILITY. I FURTHER CONSENT TO RECEIVE MEDICAL TREATMENT WHICH MAY BE DEEMED ADVISABLE, AND RELEASE AND DISCHARGE THE CITY OF BELLBROOK FROM ALL LIABILITY WHATSOEVER THAT MAY ARISE ON ACCOUNT OF ANY FIRST AID OR MEDICAL TREATMENT RENDERED TO ME IN CONNECTION WITH MY PARTICIPATION AS A VOLUNTEER OR THE FAILURE ON THE PART OF ANY REPRESENTATIVE OF THE CITY OF BELLBROOK TO PROVIDE MEDICAL CARE.

I UNDERSTAND THAT IN CONNECTION WITH MY PARTICIPATION AS A VOLUNTEER, I MAY BE PHOTOGRAPHED, RECORDED, OR VIDEOTAPED. I AGREE TO ALLOW MY PHOTOGRAPH, VIDEO, OR FILM LIKENESS TO BE USED FOR ANY LEGITIMATE PURPOSE BY THE CITY OF BELLBROOK AND/OR ITS ASSIGNS, AND I WAIVE ANY RIGHT, TITLE, AND INTEREST IN ANY ROYALTIES, PROCEEDS, OR OTHER BENEFITS DERIVED FROM SUCH PHOTOGRAPHS OR RECORDINGS.

I UNDERSTAND THAT THIS RELEASE SHALL BE CONSTRUED BROADLY TO PROVIDE A RELEASE AND WAIVER TO THE MAXIMUM EXTENT PERMISSIBLE UNDER THE APPLICABLE LAWS. I ACKNOWLEDGE THAT THIS RELEASE FORM WILL BE USED BY THE CITY OF BELLBROOK IN THE EVENT I PURSUE ANY CLAIM AGAINST THE CITY OF BELLBROOK, ITS EMPLOYEES, OR VOLUNTEERS. I FURTHER AGREE THAT IN THE EVENT THAT ANY CLAUSE OR PROVISION OF THIS RELEASE IS HELD TO BE INVALID BY ANY COURT, IT SHALL NOT OTHERWISE AFFECT THE REMAINING PROVISIONS OF THE RELEASE WHICH SHALL CONTINUE TO BE ENFORCEABLE.

I HEREBY CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A LEGAL CONTRACT AND THAT IT AFFECTS MY LEGAL RIGHTS. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL.

PRINT NAME OF APPLICANT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (IF APPLICANT IS A MINOR) \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_