



VOLUNTEER ADULT CONSENT FORM

Participation and Release Form



I, _____, execute this release on my own behalf, and I am a competent adult. In consideration of being allowed to participate in volunteer activities at Ashland Parks and Recreation. I hereby release the City of Ashland/Ashland Parks & Recreation Commission (APRC) from any and all claims for damages, injuries or sickness, which may result either directly or indirectly from those activities. I am aware that potentially dangerous conditions exist where the volunteer activities are to occur, including but not limited to slippery pavement, fallen trees, limbs, rocks, debris and other materials. I have satisfied myself that the risk of harm from participating in these activities is acceptable. I have also satisfied myself that I am physically able to undertake and complete this activity. I understand and acknowledge that the City of Ashland/APRC is not responsible for any injuries, damages or sickness that may result from my participation in these activities, and I understand that I would not be allowed to participate in the activities if I did not execute this consent and release.

Further, I release the City of Ashland and APRC and their officers, employees and agents from any and all claims for injuries sustained to personal property resulting from participation in the volunteer activities described above and agree to defend, with an attorney acceptable to the City of Ashland, indemnify and save the City of Ashland and APRC and their officers, employees and agents from any and all claims, costs and damages, including attorney fees and costs incurred in the evaluation, defense or appeal of any claim resulting from injury to any person or damage to property of whatsoever nature arising out of negligence or carelessness on the part of the persons or entities released, except for injury to person or damage to property arising out of the intentional misconduct or the recklessness of the City of Ashland or APRC.

I have carefully read this Participation and Release Form and fully understand its content. I am aware that this is a release of liability for negligence and a contract between me and City of Ashland, and I sign it voluntarily and of my own free will.

Volunteer Signature: _____ Date: _____

Volunteer Name: _____	
Email: _____	
Street Address: _____	City: _____ State: _____
Zip code: _____	Phone: _____
Emerg.Contact: _____	Contact Phone: _____
Relationship: _____	