

Civic Works' Volunteer Waiver - READ THIS CAREFULLY BEFORE SIGNING

As a volunteer with Civic Works, I understand that the volunteer work I perform may involve physical activities, contact with unidentified, unfamiliar persons and unidentified substances, travel to and from unspecified locations, and potential risks of injury. Knowing this, I still wish to volunteer and I assume the risks of any accident or injury to person or property which I may experience.

I understand I am responsible for my own personal safety, belongings, equipment and automobile while working on Civic Works projects. I acknowledge that I am physically able to do the work associated with this project. I agree that I will only perform volunteer activities that I am comfortable doing.

I release all liability and responsibility from and will not take action against Civic Works, any of its directors, officers, agents, employees, affiliates, partners or successors or the owners and/or developers of any property I access to perform this volunteer work because of any accident, injury, property damage, expenses, losses or damages which I might experience due to my involvement with this volunteer activity.

In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and be admitted to a hospital, if necessary. I agree to be responsible for all of my own medical expenses.

I give permission to have photos or videos taken during the volunteer activity and published with my name for publicity purposes without compensation. I understand that the information I fill out below will not be shared with outside organizations and may be used to inform me about Civic Works activities and volunteer opportunities.

By signing below I confirm that I have read the above statement, I understand it and I fully accept its terms. (If there are terms you do not accept, alter them to your approval and sign below). If using an electronic signature: I understand that execution of this waiver using the electronic signature option is binding upon me.

Name	Date
Phone	Organization
Home Address (<i>Street, City, State, Zip</i>)	
Signature	
Email Address	
Emergency Contact Name	Emergency Contact Phone
Allergies or Special Needs	
Guardian Name (<i>if under 18</i>)	Guardian Signature (<i>if under 18</i>)