

Volunteer Contact Form

Name of Individual/Organization:

Contact Name:

Email Address:

Phone Number:

Project will be/would like to work on (if known):

Name of Volunteers over 18 years of age:

Name of Volunteers under 18 years of age:

I WAIVE, RELEASE and DISCHARGE the City of Hutchinson, its elected officials, officers, agents and employees or any other person from any and all LIABILITY for any death, disability, personal injury, property damage, property theft or actions, including any alleged or actual negligent acts or omissions, regardless of whether such acts or omissions are active or passive, which may accrue to myself or members of my organization/group or our heirs in connection with the Volunteer program. I fully understand and acknowledge that the City of Hutchinson is relying on my representation that I have authorization to sign this document and that I will provide all members of my organization/group a completed copy of this waiver prior to our participation.

We will expressly DEFEND, INDEMNIFY and HOLD HARMLESS the City of Hutchinson, its elected and appointed officers, agents and employees from any and all liabilities or claims made by me or my organization/group, my/our heirs and any other individuals or entities as a result of any of my/our acts or omissions arising from or in connection with my/our participation in the event except for those claims arising from the sole negligence or sole willful conduct of the City, its officers, employee, volunteers or other representatives. Such indemnification includes liability settlements, judgments, damage awards, fines, costs and attorney fees and expenses associated with any such claims or lawsuits.

I hereby certify that I have read this document, understand its content and am authorized to sign this document on behalf of all members of the group/organization present.

YES