



CITY OF SHAWNEE
VOLUNTEER CONSENT AND HOLD HARMLESS

I (Please Print) _____, wish to participate in volunteer activities for the City of Shawnee, Kansas.

Please initial each statement below.

_____. I understand as a volunteer participant, that I might be exposed to activities that are potentially dangerous or harmful, and that by participating, I accept and assume the risk of injury or illness. I understand the City of Shawnee shall not be responsible nor liable for, and that I am not eligible to receive any, compensation or employee benefits as a result of my volunteer participation.

_____. I acknowledge and agree I am responsible for any medical expenses or any other expenses that may be incurred as a result of treatment given me for injuries or illnesses related to my volunteer participation.

_____. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation.

_____. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and immediately bring such concern to the attention of the nearest official.

_____. In consideration for being permitted to participate in the volunteer activities, I hereby agree for myself and on behalf of my heirs and assigns to release, hold harmless, and forever discharge the City of Shawnee, the Governing Body, employees and agents, from any and all claims, suits, causes of action, duties, debts, responsibilities, liabilities, and proceedings of every name or description, in law or equity, including attorney's fees incurred therefrom, for or on arising out of or relating to any loss, property damage, or personal illness or injury, including death, that may be sustained by me, whether caused by the negligence of the City, their employees or agents, or otherwise, as a result of or during the course of my participation in the volunteer activities.

For Volunteers under the age of 18
Parent or guardian's signature: _____ Date: _____

VOLUNTEER SIGNATURE: _____ Date: _____

Phone: _____ Email: _____