Volunteer Project Waiver of Liability

Name of project or event Día de los Muertos Festival **Date:** 10/22/22 & 10/23/22

Name_____

Daytime Telephone_____

Email_____

Emergency Contact_____

Emergency Contact Cell Phone_____

Thank you for agreeing to be part of this special event and/or project. It is volunteers like you that make Mesa such an outstanding community. As with any volunteer project, we are required to ask you to read and acknowledge the following risk and liability matters pertaining to your participation. **Please initial in each box below that you understand and agree to these terms. If volunteer is under the age of 18, legal guardian must read and initial waiver with minor.**

Initial ☐ I understand that I have voluntarily agreed to assist in this special project. As such, I fully acknowledge and accept that I do this "at my own physical risk," i.e. if there is an injury of any kind from participating in the event or using any of the available equipment, I will personally assume this liability and agree to waive all claims against the City of Mesa, AZ. I am aware that this is a release of certain rights and sign it of my own free will.

Initial ☐ I understand and accept that there may be photographs or video taken of me during my participation, and I agree that the City or the media may use these images and my name.

Initial ☐ I understand that the City has made tools and equipment available for my use. I agree that I will not use the tools/equipment until I determine that I can safely operate them. In consideration of the City making its tools/equipment available for my use, I agree to indemnify the City against claims of injury or property damage arising from my use of the tools/ equipment.

Parental Initial ☐ I, as the parents or legal guardian of _____, give him/her my full permission to participate in this special event and/or project. I fully and voluntarily agree, on his/her behalf, to be bound by all the same risk and liability matters as I have signed/initialed above.

_____ _____

Printed Name of Parent/Guardian Signature of Parent/Guardian

_____ _____

Printed Name of Volunteer Signature of Volunteer

For Official Use Only: Date of Waiver Expiration_____