# KSFB Cleanups VOLUNTEER WAIVER FORM

Date _____ Name of Volunteer (print) _____ Date of Birth _____

Address _____ City, State _____ Zip Code _____ Email Address _____

Phone Number _____ (home work cell ) Emergency Contact (name, phone number) _____

## *General Volunteer Waiver*

In consideration of the opportunity to engage in volunteer work through the City of Santa Fe I, the undersigned, my heirs and assigns, hereby waive all claims for injuries, damages or losses to my person or property which may be caused directly or indirectly, by any act, omission or negligence arising from or related to the activities of the City of Santa Fe. I, the undersigned, understand that by participating in this volunteer activity I will be exposed to the risks of accident and injury and that I will follow the City of Santa Fe safety requirements and instructions. I hereby release and hold harmless the City of Santa Fe and their officers, agents, and employees from any and all claims, including bodily injury, death or property damage which may occur due to my or my child's participation in these volunteer activities. I, the undersigned, my heirs and assigns, hereby covenant and agree to indemnify and hold harmless the City of Santa Fe, their officers, agents and employees from any and all costs, charges, claims, demands, losses, damages, causes of action, suits and liabilities of any kind, including the expenses of litigation, court costs and attorney's fees, for injuries to, or the death or illness of any person, or for damage to any property, arising out of or in connection with my involvement in the volunteer activities. I, the undersigned, my heirs and assigns, hereby further covenant the City of Santa Fe, their officers, agents, and employees for any matter which arises from the execution of the volunteer work.

**Signature of Volunteer** _____ **Date** _____

## *Parental Consent (required if volunteer is under age 18)*

The volunteer named above has my permission to participate in this City of Santa Fe event. If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name _____ Relationship to child _____ Phone Number _____

Signature of Parent/Legal Guardian _____ Date _____

## *Media Release for Minors*

**Parental initials** _____, I hereby grant permission to the City of Santa Fe/Keep Santa Fe Beautiful to use photographs and/or videos of my child taken during a Keep Santa Fe Beautiful sponsored event. Photos and videos may be used for publications, news release, online, and in other communications related to the mission of the City of Santa Fe/Keep Santa Fe Beautiful.

Environmental Service Program Manager or Designee Approval Signature _____ Date _____

***EACH VOLUNTEER MUST SIGN AND RETURN THIS RELEASE FORM TO PU/ESD/KSFB PRIOR TO PARTICIPATION IN VOLUNTEER ACTIVITIES.***

Department/Division: PU/ESD/KSFB