



DES MOINES PUBLIC LIBRARY VOLUNTEER RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND PHOTO RELEASE

Volunteer Project/Site (if applicable): _____

In consideration of me, or my minor child, being permitted to participate in any way in the above named Volunteer Program, I, the Undersigned, for myself and my minor child, all of my or my minor child's personal representatives, executors, administrators, heirs, next of kin, successors and assigns, herein referred to as "Releasers", do hereby:

- 1. Acknowledge that this volunteer service carries with it the potential for injury, and/or property damage, and certify as to my physical fitness and that of my minor child to participate and declare that neither I, nor my minor child, have been advised otherwise by a qualified medical professional.
2. Acknowledge, agree, and represent that I and my minor child will, at all times, be aware of the surroundings during the volunteer service and agree that if I or my minor child consider anything related to this Activity to be unsafe, will immediately advise the Activity officials of such, and if necessary, will leave the area or refuse to participate further in the volunteer service.
3. Waive, release and discharge, and covenant no to sue, the Des Moines Public Library, the City of Des Moines, Iowa, its elected and appointed officials, employees, volunteers, sponsors, and agents, including others who give recommendations, directions, or instructions as part of this volunteer service, hereinafter referred to as "City", from any and all liability to Releasers, except for my minor child, for any and all loss or damage, and any claim or demands therefore, on account of injury to the person or property or resulting in my death or that of my minor child arising out of or related to the volunteer service, including traveling to or from the volunteer service.
4. Agree to Indemnify and Save and Hold Harmless the City and each of them from any loss, liability, damage, or cost that they may incur arising out of or related to me or my minor child's participation in this volunteer service.
5. Assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the volunteer service. I agree to comply with all applicable safety rules, including the possibility of wearing protective clothing, close-toed shoes/boots, safety goggles, gloves, and/or vest while performing my volunteer activities.
6. Agree that this Release and Waiver of Liability and Assumption of Risk Agreement and Photo Release extends to all acts of negligence by the city, not including gross negligence and willful misconduct, and is intended to be as broad and inclusive as is permitted by law including any governmental immunity afforded the City by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. Authorize any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries received or illness contracted by me or my minor child as a participant in this volunteer service. I hereby agree to pay all costs of any medical treatment or emergency transportation.
8. Authorize and consent to the City, its sponsors, and any news media, and their successors and assigns and those acting under their authority, to take, publish, use in any media, and copyright photographs, videotape or other and audio or visual media, including broadcast in any media, of me or my minor child and agree that such may be used for any lawful purpose without further compensation or approval.

I have read the Release and Waiver and Assumption of Risk Agreement and Photo Release, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it voluntarily without assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the fullest extent permitted by law, including all acts of negligence by the City as stated above.

Volunteer Name: _____ (Please Print)

Volunteer Signature: _____ Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Volunteer Email: _____ Phone Number: _____

If volunteer is a Minor (UNDER AGE 18):

Parent/Legal Guardian Signature: _____ Date: _____

**For Office Use ONLY Service Termination Date: _____