

VOLUNTEER ACTIVITY WAIVER

PARTICIPANTS NAME: _____

ADDRESS:

PHONE: _____ DATE OF BIRTH: _____

NATURE OF ACTIVITY: _____

DATE OF PLANNED ACTIVITY: _____

WAIVER OF PHYSICAL DAMAGE OR INJURY

IN CONSIDERATION OF ACCEPTING THIS ACTIVITY THE VOLUNTEER, INTENDED TO BE LEGALLY BOUND FOR THEMSELVES AND THEIR HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS FOR ANY INJURIES AND DAMAGES THEY MAY HAVE AGAINST THE CITY OF HUBER HEIGHTS, ITS OFFICIALS, AND THE CITY'S REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR ANY AND ALL INJURIES OR DAMAGES SUFFERED IN THE CONNECTION WITH THE ACTIVITY OF _____

THE VOLUNTEER ATTEST AND VERIFIES THAT THEY ARE PHYSICALLY FIT AND CAPABLE OF SAID ACTIVITY AND THEY UNDERSTAND THAT THIS ACTIVITY COULD BE HAZARDOUS.

SIGNATURE: _____