

MILTON VOLUNTEER WAIVER

_____ Purpose: _____
Print Name

Address

City State Zip

Telephone

Date of Birth

WHEREAS, the undersigned has voluntarily elected to work with the City of Milton in order to gain community skill, life experience and exposure to the working of city government; and

WHEREAS, the undersigned desires to do so at their own risk and recognizing the possible and inherent danger resulting from this; and

WHEREAS, the City of Milton and the State of Georgia do not wish to be held liable for any damages arising from personal injuries and/or property damaged sustained;

NOW, THEREFORE, in consideration of the premises and other good valuable consideration the undersigned does hereby, for themselves, spouse, heirs, executor or administrator, and personal representatives:

1. Assume full responsibility for any personal injury or damage to their person or property which may occur, directly, or indirectly, while in, on or about City of Milton Parks or any part thereof;
2. Fully and forever release and discharge the City of Milton and the State of Georgia, its agents and employees from any and all claims, demands, damages, right of action or causes of action, present or future, whether the same be known anticipated or unanticipated, resulting from or arising out of the undersigned's being in, on or about any such city vehicle, or at any or all of the premises and places aforesaid, or while accompanying any officer(s) of the City of Milton as aforesaid;
3. Indemnify and hold harmless the City of Milton and the State of Georgia, its agents and employees, for any acts or conduct of the undersigned of whatever kind of nature whatsoever, while in, on or about any city property or at any or all of the premises and places aforesaid;



4. Agree to defend and to pay any costs or attorney's fees as a result brought by or against the City of Milton or the State of Georgia, its agents and employees, for any acts or conduct of the undersigned of whatever kind of nature; and

5. Agree that it is the intent of the undersigned that this Release and Indemnity Agreement be in full force and effect at any time after the execution thereof.

This agreement is effective from the assigned date and valid for a one year period of time.

Applicant (or Guardian) Signature

Parent Signature (if applicable)

Date

