

MILTON ADOPT A TRAIL VOLUNTEER WAIVER

_____			_____	
Print Name			Address	
_____	_____	_____	_____	_____
City	State	Zip	Date of Birth	Telephone

WHEREAS, the undersigned has voluntarily elected to work with the City of Milton Adopt A Trail: 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 an Adopt a Trail cleanup location within the City of Milton 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 working with the City of Milton's Adopt a Trail program;
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	Date

_____	_____
Parent Signature (if applicable)	Date

