



# CITY OF LONG BEACH VOLUNTEER

All City of Long Beach Volunteers must sign the waiver and release of claim below.

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

School Attending: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## RELEASE OF LIABILITY

"I waive and forever release and discharge the City of Long Beach, and its officers, employees and agents from all liability, claims or losses arising from or attributable to my participation as a volunteer. I hereby waive the right to make any claim against the City of Long Beach, or its agents or employees, for any injuries or damages, charges or expenses, including attorney's fees, which might be sustained as a result of participation as a volunteer for the City of Long Beach or its activities. This waiver is given in partial consideration for permission granted by the City of Long Beach to participate in City activities. I further understand the City does not provide any form of insurance for program participants. To the best of my knowledge I have no medical condition that would interfere with my ability to participate or would endanger my health or any other employee or volunteers health.

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Volunteer Signature

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Date