



City of Cloverdale
 123 N. Cloverdale Boulevard
 Cloverdale, CA 95425
 Phone: (707) 894-2521
 Fax: (707) 894-3451
 Visit us at: www.cloverdale.net

Volunteer/Unpaid Intern Registration Form

Date: _____

Contact Information

Name			
Address			
Home Phone		Cell Phone	
E-mail			

Activity/Project Information

Days/Hours of Volunteer work			
Approximate duration			
Department/Location			
Description of work:			

Person(s) to Notify in Case of Emergency

Name		Phone		Phone	
Name		Phone		Phone	

Agreement and Signature

General Agreement, Waiver and Release

In consideration for being permitted *by the above city* to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in said activity. This release is intended to discharge, in advance, the above city (its officers, *employees*, and agents) from and against any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness or the part of said city or (its officers, employees or agents).

I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; *that* serious accidents occasionally occur during the above activity; and/or that participants in the above activity occasionally sustain mortal or personal *injuries* and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I *have voluntarily* applied to participate in said activity, and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above city (its officers, employees, and agents) *who through* negligence, carelessness, or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release, and assumption of risks is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the above city (its officers, employees and agents) free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I have carefully read this agreement, waiver, and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the above city, and I sign it of my own free will.

Person(s) to Notify in Case of Emergency

Name (please print)			
Signature		Date	

Thank you for volunteering with the City of Cloverdale!

For Office Use Department Head Approval: Date Received by HR:
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