#### CITY OF DES MOINES, IOWA

Des Moines Public Library

#### VOLUNTEER SERVICE (Youth/under 18 years of age)

#### RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Volunteer Service – : Des Moines Public Library

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of my being allowed to render volunteer service to the City of Des Moines, including its officials, employees, volunteers, sponsors, and agents hereinafter referred to as “City”, I, the Undersigned, for myself all of my personal representatives, executors, administrators, heirs, next of kin, successors and assigns, herein referred to as “Releasors”, do hereby:

1. Acknowledge, agree, and represent that the Undersigned will, at all times, be aware of my surroundings and agree that if I consider anything to be unsafe, will immediately advise those in charge and, if necessary, will leave the area.

2. Assume full responsibility for any bodily injury, including death, or property damage sustained by the Undersigned, that arises out of or is related to the volunteer services rendered.

3. Waive, release and discharge the City from any and all liability to Releasors for any and all loss or damage, and any claim or demands therefor, on account of bodily injury, including death, or property damage sustained by the Undersigned.

4. Authorize any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries received or illness contracted by the Undersigned while rendering volunteer service.

I have read this Release and Waiver of Liability and Assumption of Risk Agreement, fully understand its terms, and have signed it freely and voluntarily and intend my signature to be a complete and unconditional release of all liability to the greatest extent permitted by law.

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_