



Waiver Form for Volunteer Activities Civic Days 2024

Volunteer Release and Hold Harmless Waiver

I acknowledge that the City of Fitchburg Civic Days program involves voluntary service where participants contribute their time to help with Civic Days. Activities may include, grounds keeping, moving tables, cleaning tables and organizing vendors/participants.

I understand and accept that engaging in activities may carry inherent hazards. Accordingly, I commit to exercising due care in the participation of Civic Days activities and will utilize appropriate personal protective equipment to safeguard my well-being.

I am fully cognizant that participation in the Civic Days program poses potential risks of physical injury. Having been apprised of these risks, and in recognition of the privilege granted to me to partake in the Civic Days program, I hereby, on behalf of myself and my heirs, assume all associated risks related to my involvement in this program. Furthermore, I absolve the City of Fitchburg, its officials, employees, and agents from any and all claims, lawsuits, or liabilities for injury, loss, or damages to individuals or entities that may arise in the future as a result of or in connection with my participation in the Civic Days program.

Name

Best Emergency Phone Number

Title and Organization (if applicable)

Minor's Home Address

(Street Address, City, State, Zip Code)

Statement of consent:

I _____ (print name) hereby state that I am physically capable of accomplishing the work and activities for which I have consented they volunteer, and that I will perform to the best of my ability to safely perform my activity as directed by a properly authorized supervisor.

I hereby release the Commonwealth of Massachusetts and the City of Fitchburg, their employees, and agents from all claims, loss, damage, expenses and/or injuries, whether to person or to property, which may result from actions while participating in volunteer activities.

I further agree to indemnify, defend, and hold harmless the Commonwealth of Massachusetts and the City of Fitchburg, their employees, and agents from liability for any damage or injuries resulting from the minor's actions while participating in these volunteer activities. I also acknowledge that, by participating in such volunteer activities and projects, no salary or payment from the Commonwealth will be made to me (parent or guardian) or the minor.

This Release Form is valid from (Start Date of Service) July 3rd 2024 to (End Date of Service) July 4th 2024.

Permission Form Waiver

I affirm that I am the participant named. I have thoroughly reviewed and comprehended the content of the foregoing release and waiver pertaining to the City of Fitchburg Civic Days. In consideration of allowing the participant to engage in the Civic Days, I willingly and without reservation join in the release and waiver, thereby absolving the City of Fitchburg, its officials, employees, and agents from any claims or legal causes of action that might arise.

Therefore, I grant my full consent and authorization for the participant to engage in the activities described by the organization/group affiliated with the City of Fitchburg.

Signature:

Date:
