



VOLUNTEER RELEASE OF LIABILITY AND PERMISSION TO BE PHOTOGRAPHED/TAPED

COMMUNITY CONNECTION PROGRAM

I _____ (Print Name) agree to be a volunteer for the City during its Community Connection Program (the "Program").

The City has solicited the assistance of volunteers from any interested participants who wish to volunteer in the beautification and cleaning up of areas around the City of South Salt Lake. Volunteers may be asked to pick up and bag litter and trash, do light gardening work, sweep streets and walkways, paint buildings, haul away green waste, etc.

I understand that my participation in the Program is purely voluntary, without any expectation of compensation or remuneration. I understand that in the event of an injury, I am responsible for the payment of my own medical treatment.

I agree I will follow directions by other volunteers or City officials, including the use of safety equipment such as eye protection, gloves or reflective vests. I will follow further rules as conveyed to me by supervisors. I understand that if I refuse to follow these directions, I will be asked to leave the Project. I assume full responsibility for my actions, including any failure to follow directions.

I hereby fully release and discharge the City, its employees and its volunteers from any injuries or losses that I may suffer that are related in any way to my volunteering for the Program. I fully understand this document and am giving up my right to sue the City, its officers, employees, or volunteers for any injury suffered by me as a result of my participation in the Program.

In case of emergency or serious illness, if I am unresponsive to communication, I hereby authorize the City or its volunteers to summon emergency medical care and/or provide medical transportation. I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics and waive my right to informed consent of treatment.

I give full permission for representatives of the City and other participating institutions to capture video, audio, and still images of me to be used in any manner, in perpetuity. I waive any and all rights to ownership or compensation for the use of such materials.

Signature

Date

Address: _____
City State Zip

Telephone No: _____ Email: _____

Emergency Contact: _____
Name Phone

Organization: _____

Please check the box if you do **NOT** want to be added to our volunteer data base.