



City of Pittsburgh



Waiver and Release Agreement for Volunteers

Date: _____

I *volunteered to participate* in a volunteer activity in Pittsburgh. As a volunteer, over 18 years of age, performing activities for/in/with the City of Pittsburgh, I recognize and acknowledge that there are certain risks of serious injury. I understand that the creeks, parks, streets, plazas, drains, and trails may contain broken and discarded items such as glass bottles, sharp metal objects, and other potentially serious hazards. I understand that by participating in this volunteer activity that I expose myself to injury.

This Waiver and Release Agreement is intended to discharge in advance the City of Pittsburgh (its officers, employees, and agents) and person(s) owning land along the creek or designated volunteer area from 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 on the part of the persons or entities mentioned above. It is further agreed that this Waiver and Release is binding on my heirs and assigns. I agree to assume the full risk of any injuries, damage or loss which I may sustain as a result of participating in any and all activities connected with or associated with these volunteer activities.

I do hereby fully release and discharge the City of Pittsburgh its officers, agents and employees from any and all claims from injuries, damage or loss which I may have or which may accrue to myself arising out of, connected with, or in any way associated with the volunteer activities.

In the event of an emergency, I authorize City officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. If I am injured while participating in the event, I agree to report it to my crew chief or to the first aid staff immediately.

I have read and fully understand the above Waiver and Release Agreement and Permission to Secure Treatment.

I agree to abide by all instructions set forth by the City of Pittsburgh staff during my volunteer activities.

I understand that I am required to wear and /or use all safety equipment and follow safe work practices as designated by the City of Pittsburgh staff.

SIGNATURE (*Volunteer*)

Name of Volunteer (*please print*)

Email address

School, Club, or other Affiliation

/

&

Emergency Contact / Relationship

Home & Emergency Phone Number

Address

City

Zip Code

.....

Location(s) of volunteer activities: _____