

Volunteer Release of Liability Waiver

Butte County
Fire Safe Council



Event Name _____ **Date** _____

Volunteer Information (please print)

Name _____ **Group Name** _____

Address _____

City _____ **State** _____ **Zip** _____ **Home Phone** _____

Email _____ **Cell Phone** _____

For your safety, should we be aware of any medical conditions? _____

Emergency Contact(s)

Name _____ **Relationship** _____ **Phone** () _____

Name _____ **Relationship** _____ **Phone** () _____

VOLUNTEER AGREEMENT & LIABILITY RELEASE

I agree and release the Butte County Fire Safe Council (BCFSC) as follows:

I acknowledge that as a volunteer, I perform the services to which I am assigned of my own free will, without promise or expectation of payment.

I recognize that as a volunteer I represent BCFSC to the public. I accept responsibility for this status and will conduct myself in a professional manner. I acknowledge that this is a smoke free event.

I will not participate in and will report any and all instances of any sort of harassment and will maintain an atmosphere of physical and emotional safety for everyone associated with BCFSC.

I understand that my activities as a volunteer may include but are not limited to (a) physical activity (including work with heavy tools and materials), (b) interactions with members of the public and other BCFSC volunteers and staff, (c) standing and walking for prolonged periods, (d) lifting up to 50 pounds, and (e) travel to and from volunteer activities within Butte County. Should I voluntarily use my own means of transportation, BCFSC is not liable. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury without any recourse to or against BCFSC.

In consideration for being permitted by the BCFSC to participate in the above-referenced 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 to me, as a result of participation in said activity. This release is intended to discharge in advance the BCFSC (including its officers, employees, volunteers, and agents) 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 active or passive negligence or carelessness on the part of the persons or entities mentioned above.

It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs, administrators, executors, and assigns and that I shall indemnify and hold the BCFSC (including its officers, employees, volunteers,

and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or connected in any way to my participation as a volunteer.

I further understand and agree that any material downloaded, viewed or otherwise obtained through my participation in said activity is done at my own risk and the BCFSC is not responsible for any loss, alteration, corruption or other damage to my personal property, including computers, networks and other property used as part of my participation.

I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

PHOTOGRAPHIC RELEASE: I understand that photographs and videos may be taken during this activity and hereby grant the BCFSC permission to use any such media for advertising or in promotional materials.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Volunteer Signature* _____ Date _____

**For volunteers under 18, a parent or legal guardian's signature is required.*

Parental Consent

I give my consent for my child, named on page one of this application, to provide volunteer services to Butte County Fire Safe Council. I also give BCFSC my consent to obtain any emergency medical treatment necessary for the safety of my child.

Printed name of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____

Statement of Non-Discrimination

This organization, the BCFSC, is an equal opportunity provider. BCFSC adheres to the policy that all volunteers shall be considered without regard to race, color, sex, ethnic, national origin, physical handicap or disability.

If completed online, return to: laurendeterra@buttefiresafe.net