

**Keep Cherokee Beautiful**

**Adopt A Mile**

**Volunteer Waiver of Liability and Release**

\*Please use fillable form or print form and print clearly.

Volunteer Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

In consideration of having been accepted as a volunteer for Keep Cherokee Beautiful, and with the knowledge that I will be working, directly or indirectly, in a volunteer capacity for Keep Cherokee Beautiful involving various duties, I recognize fully that my presence and activity as a volunteer may involve some element of risk which I am willing to assume.

I, the undersigned, do hereby waive and release any and all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, and those of my heirs or assigns, which may exist or accrue in the future against Keep Cherokee Beautiful and Cherokee County, its various departments, personnel, employees, elected officials, staff, or agents arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for Keep Cherokee Beautiful.

I, the undersigned, do hereby agree to indemnify, defend, and hold harmless Keep Cherokee Beautiful and Cherokee County, its various departments, personnel, employees, elected officials, staff, or agents, from and against any and all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, those of my heirs or assigns, or of third parties, which may exist or accrue in the future, arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for Keep Cherokee Beautiful.

I understand that as a volunteer I am in no sense an employee of Keep Cherokee Beautiful or Cherokee County. Further, I understand that I am not entitled to benefits or workers' compensation benefits from Cherokee County which may accrue to its employees. I further understand that I am not entitled to any vested rights to which an employee of Cherokee County may be entitled.

I acknowledge and understand that I am only to perform such functions as specifically directed by my group coordinator and outlined in the Annual Adopt-a-Mile program agreement. I acknowledge that I have viewed and understand the training video.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name (if volunteer is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if volunteer is a minor)

\_\_\_\_\_  
Date