

**VOLUNTEER PARTICIPANT
WAIVER OF LIABILITY AND ASSUMPTION OF RISK
PLEASE READ CAREFULLY**

I understand that my participation in Wayne County programs, operations, and/or maintenance is a voluntary activity, and that I am donating my time and my labor by my own free choice. I agree to perform my assigned tasks in a responsible manner. In consideration of being allowed to participate in volunteer activities, I hereby agree to **ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** in any way associated with my participation in this activity. I agree to **RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS** the County, its officials, employees, representatives, volunteers, and agents for any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, and arising from or in any way connected with my participation in the County's volunteer activities. I agree that the terms stated herein shall also serve as a **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** for my heirs, estate, executor, administrator, assignees, and for all members of my family.

CAUTION

I acknowledge that I have carefully read this WAIVER OF LIABILITY AND ASSUMPTION OF RISK and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against Wayne County in connection with my participation in this volunteer activity.

I accept the conditions printed above:

Participant Signature

Date

Print Participant Name

A parent or guardian signature is required if the participant is under 18 years of age. By signing this **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** on behalf of a minor, the undersigned parent or guardian is agreeing to be bound by the above conditions on behalf of him or herself and on behalf of the participant.

Parent or Guardian Signature

Date