

Signature of parent/guardian, if volunteer is under 18 years of age

## City of Carlsbad Volunteer Waiver & Release Agreement

City of Carisbad Volunteer Walver & Release Agreement		
Last Name	First Name	E-mail address
policies. I further understand that, by	signing this statement, I have read	eer Handbook  ook that includes the volunteer guidelines and or will read the Volunteer Handbook and will discuss ager prior to the start of my volunteer service. I also
realize that this statement will become		personnel file.
understanding that these services are	e provided for civic reasons and that work is not related to the paid work	m that I am volunteering my services with the there is no promise or expectation of compensation do for the city, if applicable. I offer my services
	•	nent ation and will discuss or give official information only to the public except within the guidelines of the city.
	Background Checks	•
volunteered to perform. On behalf of	f myself, my heirs and representative all liability for any damages that ma	s as necessary for specific positions that I have es, I hereby release the City of Carlsbad, its elected y result from my reference verification and lest.
	Insurance Information and	Release
understand that the city's policy is to compensation benefits. I also unders sole and exclusive remedy in the ever and agree that I will only be entitled tentitled to any other workers' compe of use damages, replacement income benefits as set out above, I hereby agagainst or file an action against the Ci damage resulting from negligence, he result of my participation in volunteer agents, officers, employees and other	nd that I may be injured while performed cover volunteers as "employees" of tand that under workers' compensant I am injured while performing volute medical expenses under the city's insation benefits which may include, for vocational rehabilitation benefits tree that I, my heirs, guardians, legal ty of Carlsbad or any of its agents, or owsoever caused, by any employee, in activities or service. In addition, I is revolunteers from all actions, claims in the cover of th	rming volunteer activities or services for the city. I the city for the sole purpose of California workers' tion laws, workers' compensation benefits will be the unteer activities and services. I further understand workers' compensation program. I will not be but are not limited to, permanent or temporary loss. With the exception of workers' compensation representatives and assigns will not make a claim fficers, employees or other volunteers, for injury or agent, officer or volunteer of the City of Carlsbad as a nereby release and discharge the City of Carlsbad, its and demands that I, my heirs, guardians, legal amage resulting from my participation in volunteer
	ity of Carlsbad and myself. I sigr	. I am aware that this is a partial release of liability it on my own free will. I understand that as a
Name (please print)	Date	

Signature