

**CITY OF EVANSTON
WAIVER & RELEASE OF LIABILITY**

I, the undersigned, am donating my time for this volunteer role and I understand that in this role, I am not an employee of the City and I will not receive compensation for this donated time. I also understand that volunteering does not necessarily lead to employment. I will follow all rules and direction of the city and will follow all instructions given to me by the City staff and/or certified volunteer leaders. I, the undersigned, in consideration of the permission extended to me by the City of Evanston, to participate in *Evanston Community Volunteer Project* ("Project"), and for other valuable consideration, I, for myself, my heirs, executors, personal representatives, administrators and assigns do hereby FULLY AND FOREVER RELEASE AND DISCHARGE AND AGREES NOT TO SUE THE CITY OF EVANSTON, THEIR ELECTED OFFICIALS, OFFICERS, AGENTS, EMPLOYEES, AND ATTORNEYS, FOR LIABILITY FROM ANY AND ALL LOSS OR DAMAGE, PERSONAL INJURY, OR DEATH ARISING OUT OF OR IN ANY WAY ASSOCIATED WITH MY PARTICIPATION IN THE PROJECT.

I UNDERSTAND THAT AS A PARTICIPANT IN ANY PHYSICAL ACTIVITY AND THERE ARE INHERENT RISKS WITH VOLUNTEERING IN *THE EVANSTON COMMUNITY HABITAT PROJECT*. THERE EXISTS THE POSSIBILITY THAT I MAY EXPERIENCE ONE OR MORE OF THE FOLLOWING INCLUDING: CRAMPS, SPRAINS, BRUISES, MUSCLE INJURIES, FRACTURES, CARDIOVASCULAR OR PULMONARY PROBLEMS, AND OTHER INJURIES INCLUDING DEATH.

I have read this document and understand that it is a promise not to sue and that I release the City of Evanston, elected officials, employees, agents and attorneys for any and all claims. I considered this Release and Waiver carefully before signing it. If I am signing this document with an electronic signature, I execute this Release and Waiver with the intent to sign the record.

Photo Release: _____ **Yes** _____ **No**

I hereby grant and convey to the City all rights, title and interest in any and all photographic images and video or audio recordings made by or on behalf of the City during my volunteer work for the City, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. I further agree that the City may photograph and/or videotape me while I am engaged in volunteer work with the City and the City may retain the rights to use these images and recordings in any manner without compensation to or prior authorization by me.

Date: _____

Parent or Guardian Print Name

Signature

If participant is under 18, adult signature is required by a parent or guardian:

Parent or Guardian Print Name

Signature