



## KSFB Cleanups VOLUNTEER WAIVER FORM

Date	Name of Vo	Name of Volunteer (print)				Date of Birth	
Address	City	y, State	Z	ip Coc	e	Email Address	
	(home	work (	പി	)			
Phone Number	(nome	WOIK	CCII	,	Emergency Cor	ntact (name, phone number)	
General Volu	nteer Waiv	er					
caused directly or ind Santa Fe. I, the unders of accident and injury release and hold harm including bodily injur volunteer activities. I, harmless the City of S losses, damages, caus and attorney's fees, fo or in connection with	irectly, by any act, signed, understand and that I will folloless the City of Say, death or propert the undersigned, the undersigned, the undersigned, the undersigned, the undersigned, the injuries to, or the my involvement in City of Santa Fe, the	omission that by p low the C nta Fe and y damage my heirs a cers, agen and liability death or in the volu	or negarticip ity of d d their e which and ass ts and ties of illness nteer a	gligence ating in Santa For officer home of signs, he employ any kings of any activitie	e arising from or r this volunteer act e safety requirements, agents, and emp occur due to my or ereby covenant and rees from any and and, including the ex- person, or for day s. I, the undersign	terson or property which may be related to the activities of the City of tivity I will be exposed to the risks ents and instructions. I hereby ployees from any and all claims, may child's participation in these d agree to indemnify and hold all costs, charges, claims, demands expenses of litigation, court costs mage to any property, arising out of led, my heirs and assigns, hereby my matter which arises from the	
Signature of Volunteer				Date			
Parental Con The volunteer named the event of an emerg	above has my perr	nission to	partic	ipate ir	this City of Santa	a Fe event. If I cannot be reached in	
Name			R	elation	ship to child	Phone Number	
Signature of Parent	t/Legal Guardia	 1	$\overline{\overline{D}}$	ate		_	
Beautiful to use ph sponsored event. P communications re	, I her otographs and/o hotos and videos	eby gran r videos s may be sion of tl	of my e used he Cit	y child I for pu y of S	taken during a iblications, new anta Fe/Keep Sa		

EACH VOLUNTEER MUST SIGN AND RETURN THIS RELEASE FORM TO PU/ESD/KSFB PRIOR TO PARTICIPATION IN VOLUNTEER ACTIVITIES.

Department/Division: PU/ESD/KSFB