



## WAIVER OF LIABILITY

Name of Volunteer or Group: \_\_\_\_\_

Volunteer or Organization Contact Person: \_\_\_\_\_

Contact Person's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Group Leader supervising at event, if different (N/A for individual volunteers):  
\_\_\_\_\_

This Release and Waiver of Liability (the 'Release') is executed by (the volunteer or Group Leader) \_\_\_\_\_ seeking to volunteer with the City of Denison. I, the volunteer, or Group Leader, hereby accept full responsibility for myself and each of the below participants to serve in a volunteer capacity with the City of Denison. I understand that we will be expected to meet all the requirements of the volunteer position, including attendance and adherence to City of Denison policies and procedures.

In consideration of the City of Denison allowing me to participate as a volunteer, and that possible injuries could occur as a result of that participation, I release City of Denison officials, employees, agents, and volunteers from any and all injuries and damages whatsoever arising from participation in the event. I, my heirs, and representatives, agree to indemnify, save, and hold harmless the City of Denison, its officials, employees, and agents from any and all claims made by me or my insurer for injuries or damages related to this event.

I understand that I must run background checks on all adult volunteers 18 years and older within the group as required and that all volunteers or their parent or guardian have provided their signature on this form as their acknowledgement of this release and waiver of liability.

Authorization to Use Image: I hereby consent to my or my child's photograph being taken, or image recorded by the City of Denison in connection with its Big Event. Furthermore, I authorize the use, copyright, or publication of my name, image or voice as may be captured by photograph or recording while attending or participating in the Big Event, in any medium, for any purpose, including illustration, promotion, marketing or advertisement.

I certify that I have read this release thoroughly, that I understand its terms and conditions, and that I make this release and waiver voluntarily and have not relied upon any representations made by the City of Denison, its officers, agents, employees, or volunteers.

Date: \_\_\_\_\_

Volunteer Name/Group Leader & Title (printed): \_\_\_\_\_

Volunteer Name/Group Leader & Title (signature): \_\_\_\_\_

EMAIL COMPLETED FORM TO [BIGEVEN@CITYOFDENISON.COM](mailto:BIGEVEN@CITYOFDENISON.COM)

**GROUP WAIVER OF LIABILITY  
(Only for Volunteer Groups)**

Name of Group: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTICIPANT RELEASE AND WAIVER OF LIABILITY**

*Please list the names and ages of all volunteers serving at this event. If you or your volunteer is under 18, a parent or guardian must sign.*

Volunteer Name (printed)	Age, if under 18	Signature of Volunteer (If volunteer is under 18, Parent/Guardian must sign.)
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2		
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**EMAIL COMPLETED FORM TO [BIGEVENT@CITYOFDENISON.COM](mailto:BIGEVENT@CITYOFDENISON.COM)**

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