City of Harrisburg

Volunteer Waiver of Liability

|  |
| --- |
| Volunteer Group Name |
| Park Name |
| Park Address |

**All participants in City of Harrisburg activities agree to hold the City of Harrisburg, Pennsylvania (“City”) harmless for any actions undertaken by the participants/volunteers when participating in City organized activities.**

In consideration of the opportunity afforded to me to participate voluntarily in the City of Harrisburg activities, and in recognition of the possible injury or liability to which I may voluntarily subject myself, I and my heirs, executors, administrators and successors and assigns hereby knowingly, freely and voluntarily waive any right or cause of action, whatsoever, arising as a result of such activities from which any liability or injury may or could accrue to the City or their elected and appointed officers, agents or employees individually.

I understand and agree that my voluntary participation in City of Harrisburg activities does not entitle me to any compensation or other employee benefits. I further understand that I am NOT an agent or employee of the City and will not so represent myself to any person, government unit or corporate entity. I further understand and agree that I will be solely responsible for my actions while participating in volunteer activities.

I further understand and agree that my voluntary participation in the aforementioned activities is subject to termination at any time by the City for any reason or no reason at all without notice, and that I am entitled to no recourse, nor will I seek any recourse in the event of such termination.

This waiver shall be determined to be and shall be a complete bar to any action which might otherwise be brought either by law or under any state or federal statute for any liability or injuries arising as a result of voluntary participation in the activities contemplated herein.

The signature of the participant(s) on this form indicates agreement to the terms of this waiver.

|  |  |  |
| --- | --- | --- |
| Printed Name | | Phone |
| Signature | Date | Email |
| Printed Name | | Phone |
| Signature | Date | Email |
| Printed Name | | Phone |
| Signature | Date | Email |
| Printed Name | | Phone |
| Signature | Date | Email |
| Printed Name | | Phone |
| Signature | Date | Email |
| Printed Name | | Phone |
| Signature | Date | Email |
| Printed Name | | Phone |
| Signature | Date | Email |
| Printed Name | | Phone |
| Signature | Date | Email |
| Printed Name | | Phone |
| Signature | Date | Email |
| Printed Name | | Phone |
| Signature | Date | Email |