



Volunteer Waiver of Liability and Release

Volunteer name *(please print clearly)*: _____

Birth date: _____ Sex: _____

Mailing address: _____ City: _____ Zip: _____

Email address: _____

Home number: _____ Cell number: _____

Event *(if applicable)*: _____

Department: _____

In consideration of having been accepted as a volunteer for the above-referenced department of Gwinnett County, and with the knowledge that I will be working, directly or indirectly, in a volunteer capacity for Gwinnett County involving various duties, I recognize fully that my presence and activity as a volunteer may involve some element of risk which I am willing to assume. As a Gwinnett County volunteer, I hereby agree to comply with Gwinnett County Government's policy prohibiting the possession of weapons while on duty for the County.

I, the undersigned, do hereby waive and release any and all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, and those of my heirs or assigns, which may exist or accrue in the future against Gwinnett County, its various departments, personnel, employees, elected officials, staff, or agents arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for Gwinnett County.

I, the undersigned, do hereby agree to indemnify, defend, and hold harmless Gwinnett County, its various departments, personnel, employees, elected officials, staff, or agents, from and against any and all rights, claims, injuries, liabilities, damages, or lawsuits of any kind or nature of myself, those of my heirs or assigns, or of third parties, which may exist or accrue in the future, arising out of, as a result of, or in connection with the duties, responsibilities, and work which I will undertake as a volunteer for Gwinnett County.

I understand that as a volunteer I am in no sense an employee of Gwinnett County and that I possess no rights under the Gwinnett County Merit System. Further, I understand that I am not entitled to benefits or workers' compensation benefits from Gwinnett County which may accrue to its employees. I further understand that I am not entitled to any vested rights to which an employee of Gwinnett County may be entitled.

I acknowledge and understand that I am only to perform such functions as specifically directed by the departmental representative to whom I am assigned.

Volunteer or parent/guardian signature

Date

Number of hours you will be working at this event *(if applicable)*: _____

Company or organization you represent *(if applicable)*: _____