

VOLUNTEER'S GENERAL RELEASE OF LIABILITY

For and in consideration of my being allowed to participate in the volunteer program under auspices of the CITY OF HARRISON, and in recognition of my own personal benefit from such program, I do hereby release the CITY OF HARRISON, a political subdivision of the State of Idaho, and any and all other officers, employees, volunteers, agents, insurers and any elected or appointed officials of said CITY, individuals or entities affiliated with such persons and/or entities, from any and all civil liability or any and all forms of injury which may arise as a result of my participation in such program.

I acknowledge that I understand that there are many known and unknown dangers and/or risks associated with me participating in this program and I grant a general release, for myself, my heirs, executors, administrators and assigns and I waive, remise and forever discharge and release the CITY OF HARRISON and any and all elected or appointed officials of said CITY, and all officers, employees, volunteers, agents, insurers and any other individuals or entities affiliated with such persons and/or entities from any and all claims, several or otherwise, past, present or future, which can or may ever be asserted as a result of any injuries or damages, physical or mental, sustained by me while I am participating in said program in any way, including my coming and going from such program.

I understand that this release does not waive any rights I may have under the workmen's compensation laws of the State of Idaho or any protection I may have under the Idaho Tort Claims Act; however, I also expressly understand and acknowledge that this release does not create any rights not specifically and expressly provided to me under the workmen's compensation laws or Tort Claims Act. I further understand that my participation in the aforementioned program does not create any form of employment with the CITY OF HARRISON and does not grant me any rights that are not expressly provided for by law or contract.

I acknowledge that I am serving in a volunteer capacity for the services to be rendered and I am not entitled wages, pay or the usual benefits of employees of the CITY OF HARRISON. I further represent that I am not currently employed by the CITY OF HARRISON.

I have read the foregoing and understand that the terms of this agreement are contractually and legally binding and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this agreement.

DATED this _____ day of _____, 20____.

VOLUNTEER:

(Signature)

(Print)

WITNESS:

(Signature)

(Print)

Form and Content approved by Nancy Wolff -as attorney for The City of Harrison.