



City of North Port

Waiver Release of Liability and Volunteer Service Agreement

I, of sound mind and body am fully aware of and understand the conditions of my voluntary work that will be performed for the City of North Port.

In consideration of the opportunity afforded to me to participate voluntarily in the City of North Port 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 of North Port or their agent or employees individually, except for actual medical expenses that might be incurred as a result of personal injury caused by negligent or intentional acts of City employees as provided by Florida Law.

I understand and agree that my voluntary participation in City of North Port 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 of North Port and that 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 of North Port 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 the property injuries arising as a result of voluntary participation in the activities contemplated herein except for those benefits afforded volunteers in accordance with Florida Workers' Compensation Law.

Volunteer Signature

General Services Director

Date

Date

Parent/Guardian (if volunteer is under 18)

Date

Print Volunteer Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____