



# Volunteer Release – MINOR

In signing this form, I acknowledge that I have read, understand and agree to the following:

I \_\_\_\_\_, (**print or type name**) a resident of the State of Kansas, 18 years of age or older, and the parent and/or legal guardian of \_\_\_\_\_ [**MINOR**]; in consideration of authorization by the city of Olathe, Kansas (**CITY**) to permit **MINOR** to serve as a volunteer of said municipal corporation, I acknowledge that volunteer duties can involve risks and the potential for injury; thereby assume all risk of personal injury or death, and property damage or loss from whatever causes, arising from such volunteer activities.

**NOW, THEREFORE**, for and in consideration of the premises and the mutual promises, covenants, and agreements set forth in this Agreement, the **CITY**, parent/guardian of **MINOR** agrees that the **CITY**, its elected officials, volunteers, agents, or employees, shall not be liable or responsible for, and shall be **SAVED, HELD HARMLESS, RELEASED and INDEMNIFIED** by parent/guardian of **MINOR** from and against any and all suits, actions, losses, damages, claims, or liability of any character, type, or description, including but not limited to all expenses of litigation, court costs, and attorney fees for injury or death to any person, or injury to any property received or sustained by any person or persons or property arising out of, or occasioned by, directly or indirectly, the participation of **MINOR** in the **CITY’S** volunteer program.

It is further understood and agreed that **MINOR** will participate solely as an individual on a voluntary basis and not as an employee, contractor or agent of the **CITY** or of its agents or employees.

I grant the City of Olathe permission to interview me and/or take my photograph for possible use in: news releases, internal publications, or promotional and educational materials. I also grant permission for my photograph to be used by the City of Olathe. The City of Olathe shall not be responsible for photographs taken by magazines or newspaper reporters who may be on site.

In making this Agreement, parent/guardian of **MINOR** relies wholly upon his/her own judgment, belief and knowledge and has not been influenced to any extent whatsoever by any representations or statements not contained in this document.

The City of Olathe makes available volunteer accidental injury insurance coverage. This coverage is secondary to any other insurance available to the volunteer. \_\_\_\_\_I decline this coverage. \_\_\_\_\_I accept this coverage.

\_\_\_\_\_  
MINOR Signature  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
PARENT/GUARDIAN Address  
\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
PARENT/GUARDIAN Signature  
\_\_\_\_\_  
Date  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Emergency Telephone Number

Parent/Guardian’s Signature Witness (Disinterested Party/Non-Relative):

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Print Name  
\_\_\_\_\_  
Address City State Zip Code