



## City of Buda

121 Main Street/P.O. Box 1218~ Buda, Texas 78610  
Phone : 512-312-0084 Fax: 512-312-1889

### **VOLUNTEER WORK DAY RELEASE & WAIVER OF LIABILITY & PARENTAL/GUARDIAN CONSENT**

In consideration of the City of Buda allowing myself or my child to participate in a Volunteer Work Day (hereafter, the "Volunteer Day") at the City of Buda Hike & Bike Trail Project, I hereby agree as follows:

#### **A. Acknowledgement of Risks**

1. I fully understand and hereby acknowledge that outdoor recreational activities such as a Volunteer Day have inherent risks, dangers and hazards; and
2. My own or my child's participation in a Volunteer Day may result in injury, illness or death; and
3. These risks may be the result of inherent risks from working outdoors or may be caused by the negligence of the City, its agents or employees, or the sponsors and donors for a Volunteer Day.

#### **B. Assumption of Risks**

1. I hereby assume all risks of danger or injury to myself and/or my child; and
2. I hereby assume responsibility for all losses or damages involving myself or my child, regardless of cause.

#### **C. Release from Liability**

1. I, on behalf of myself, my child, my personal representatives, my equipment, my heirs and assigns, hereby voluntarily waive, release, discharge, hold harmless, defend and indemnify the City of Buda, its agents, employees, officers, and the Sponsors of Volunteer Day from any and all claims, actions, losses for bodily injury, property damage, wrongful death, loss of services, or otherwise, which may arise from my own or my child's participation in Volunteer Day.
2. I specifically understand that I am releasing, discharging and waiving claims or actions that I or my child may have presently or in the future for the negligent acts or omissions of the City, its agents, officers or employees.

#### **D. Venue**

The venue for any dispute arising out of this instrument shall be Hays County, Texas.

**I have read this Release and Waiver and by signing it agree with its terms. It is my intention to exempt and relieve the City of Buda from any and all liability related to my participation in a Volunteer Day.**

**Participant:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date

**(If Participant is under the age of 18)**

**Parent / Guardian/:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date