

CITY OF LIMA, OHIO



50 Town Square Lima, Ohio 45801-4900 419/228-5462 Fax 419/221-5214
www.cityhall.lima.oh.us

David J. Berger, Mayor

VOLUNTEER INFORMATION FORM

PLEASE PRINT ALL INFORMATION - THANK YOU.

Name _____

Address _____

City/Township/County _____ Zip _____

Phone _____

E-mail address _____

Organization you represent _____

Date	Project	Duties	Hours
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Would you like to be contacted for future City of Lima volunteer projects? ____ Yes ____ No

AGREEMENT TO PARTICIPATE AND RELEASE AND WAIVER

In Consideration of Permission to Participate in the City of Lima Volunteer Program Sponsored in Part or in Whole by the City of Lima, I, Intending to Be Legally Bound, Hereby, for Myself, My Heirs, Executors, and Administrators, Voluntarily Assume All Risks of Accident or Injury and Release and Forever Discharge the City of Lima and its Co-sponsors and Their Employees, Officers and Agents from Any and All Liability for Personal Injury or Property Damage of Any Kind Sustained in Association with Participation in the Program, Whether Such Personal Injury or Property Damage Is Caused by the Negligence of the City of Lima, its Co-sponsors or Their Employees, Officers, or Agents, or Otherwise.

I Covenant and Agree to Indemnify and Hold Harmless the City of Lima and its Co-sponsors, Their Employees, Officers and Agents, from All Liability, Loss and Expense, Including but Not Limited to Damages, Legal Expenses and Cost of Defense, in Any Matter Arising from My Participation in the City of Lima Volunteer Program.

I Further Agree to Abide by All Applicable Rules and Regulations Promulgated by the City of Lima and its Co-sponsors and Agree to Follow the Instructions of All Supervisors And/or Instructors Who Are Connected with this Program.

Participant (Signature) _____ Date _____

Parent/guardian Signature (If under Age 18) _____

(Please Initial) _____ I Have Received Safety Instructions as Related to this Project.

