



2012 HANDS ACROSS ROCKDALE COMMUNITY DAY

LIABILITY RELEASE FORM

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Emergency Contact: _____ Phone: _____

I HEREBY ACKNOWLEDGE AND AGREE THAT THE VOLUNTEER PROJECT ACTIVITIES WHICH I MAY PARTICIPATE IN FOR HANDS ACROSS ROCKDALE MAY INCLUDE CERTAIN RISKS INCLUDING BUT NOT LIMITED TO THE RISK OF PROPERTY DAMAGE, INJURY, OR DEATH. I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY WITH KNOWLEDGE OF POTENTIAL DANGERS INVOLVED, AND HEREBY AGREE TO ACCEPT FULL RESPONSIBILITY FOR THESE RISKS AND DANGERS. **PLEASE INITIAL HERE:** _____

In consideration of the opportunity to participate in the Hands across Rockdale volunteer project(s),

1. I do hereby release and covenant not to sue Leadership Rockdale, Conyers Rockdale Chamber of Commerce, Rockdale County Board of Education, and any Rockdale County governmental agency, (including their respective agents, contractors, employees, officers, directors, volunteers, and members) from all liability and/or claims, present or future, and waive any claim for damages or loss arising as a result of my engaging in any activities through Hands Across Rockdale.
2. I agree that I am participating willingly and voluntarily, and I assume responsibility for damages to or loss of my personal property.
3. I agree that I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death.
4. I agree to participate in Hands Across Rockdale according to any rules and regulations I am provided by Hands Across Rockdale.
5. I understand and agree that the terms of this Release shall also be effective and binding upon my heirs, executors, administrators and/or assigns. I understand that this is a binding contract which supersedes any other agreements or representations.
6. I certify that I am 18 years of age or older and otherwise legally competent to sign this Release. If I am not at least 18 years old, my parent or other legal guardian consents to my participating based on the terms of this Liability Release.
7. I certify that I am in satisfactory health and that I have no physical limitations which would preclude my participation in Hands Across Rockdale.
8. I understand and agree that any photographs or videos authorized or taken by Leadership Rockdale during the event may be used by Leadership Rockdale for promotional purposes.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

Participant's Name: _____

Participant's Signature: _____

Parent's or Guardian's Signature (if under 18): _____