

*City of Plymouth, CA*  
**Volunteer Services Agreement**  
**Release of Liability and Assumption of Risk**

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied to participate in performing \_\_\_\_\_ (“Services”) for the City of Plymouth. I am voluntarily participating in the Services with the knowledge that there is a risk that I may be injured while I do so and I freely and voluntarily expressly assume all the risks of participating in the assigned Services. I understand that the City’s policy is to cover volunteers as employees of the City of Plymouth for purposes of Worker’ Compensation benefits. I also understand that under Workers’ Compensation laws, Workers’ Compensation benefits will be my sole and exclusive remedy in the event I am injured while participating in the Services.

In consideration of my participation in Volunteer Services, with the exception of Workers’ Compensation benefits, I hereby waive and release on my behalf and on behalf of my heirs, guardians, legal representatives and assigns, the City of Plymouth, its officials, officers, employees, agents volunteers and representatives (collectively “Plymouth”) from any and all liability of any kind or nature for injuries to persons or property, including death, arising from or in connection with my participation in the Services, that this waiver and release is applicable even though the actively or passively negligent activities of City/Town may have caused or contributed to the injuries suffered.

I also certify that I am physically fit and in proper physical condition to participate in the Services and have not been advised otherwise by a qualified medical person. Lastly, I agree to accept and abide by the rules and regulations of the City of Plymouth while participating in the Services.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian\*

\_\_\_\_\_  
Print Name

\*Signature of parent or guardian is required if volunteer is under age 18.