

# PARTICIPANT WAIVER & RELEASE OF LIABILITY

## Oconee County Parks & Recreation Department Volunteer Work Day

**DATE:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_

In consideration of the named participant being allowed to participate in any way in the Oconee County Parks and Recreation Department activities, I, the parent/ legal guardian, of the named child, or as an adult participant, hereby acknowledges, appreciates, and agrees to the following:

1. FOR MYSELF, SPOUSE AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, HEREBY INDEMINIFY AND HOLD HARMLESS the Oconee County, the Board of Commissioners, and all employees or agents of Oconee County, including all individuals who are affiliated with the programs administered by the Parks and Recreation Department of Oconee County ("Releases"), from any and all liabilities incident to my involvement or participation in these programs or transportation to and from activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
3. I hereby grant consent to any and all first aid responders designated by the Oconee County Parks and Recreation Department to provide myself or my child any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from first aid responders.
4. I further understand that health, or accident insurance which would cover my or my child's medical, hospital, or related expenses in the event of injury in this activity is my responsibility. I understand the Parks & Recreation Department of Oconee County strongly recommends that if I do not have sufficient insurance to cover such incidents that I should take the necessary action to obtain it.
5. I understand that the department may use participant images or videos, and that such may be published in an outlet used to promote or publicize the program or department.

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

Name	Address	Phone	Email	Signature