KNIGHTDALE POLICE ATHLETICS/ACTIVITIES LEAGUE

VOLUNTEER RELEASE, COVENANT NOT TO SUE, AND INDEMNITY AGREEMENT

I, _____, wish to assist with the Knightdale Police Athletics/Activities League's meetings and outings to facilitate the event for the students' enjoyment and participation. I understand that assisting in these meetings and outings may involve risk of injury. These risks may include, but are not limited to inclement weather or excessive heat, accidents while traveling or from vehicles traveling to or from meetings and outings, injuries from equipment problems or failures, proximity to vehicles or equipment, contact with and actions of meeting and activity participants, event staff or other volunteers, slips/trips/falls, musculoskeletal injuries, harm from contact with sharp objects or tools, contact with chemicals or irritants, or exposure to wildlife. I choose for myself or for my child to assist in these meetings and activities despite the risks.

By signing this form, I acknowledge all risks of injury, illness, and death and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with assistance in this program. I also agree for myself and for any child assisting to follow all rules and procedures that apply to the activity and to follow the reasonable instructions of the Town, Wake County Schools Staff, and other supervisors of the program.

In return for the opportunity described above, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the Town, its employees, or its agents for the injury, illness, or death resulting from the program. If I am allowing a child to assist in the program, I agree that I am the parent or legal guardian of the child who is assisting, and I release, waive, and discharge any legal rights that I may assert on behalf of the child assisting in this activity. I also agree not to sue the Town, its employees, or its agents and agree to indemnify the Town for all claims, damages, losses, or expenses, including attorney fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from assisting in this program.

I understand that the Town of Knightdale provides no insurance or worker's compensation coverage for me or for my child. I have read this document thoroughly and understand that by signing this form I am waiving legal rights.

☐ Pictures or video may be taken of volunteer for use in program publication. Please check if you <u>do not</u> wish to have pictures or video of you or your child used in publications.

Participant Name: _____

Signature (of parent/legal guardian if under 18):_____

Printed name of Parent/Legal Guardian: _____

Address: _____

Email: _____

Date Signed: _____