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City of Carlsbad

One-Day Volunteer Application

DATE: _____

VOLUNTEER PROJECT: _____

NAME: _____ _____ _____ **AGE:**_____
(Last) (First) (Middle Initial)

ADDRESS: _____ _____ _____ _____
(Street) (City) (State) (Zip)

PHONE: _____ _____ _____
(Home) (Work) (Cell/Pager)

EMAIL: _____

EMERGENCY CONTACT: _____ _____ _____
(Name) (Relationship) (Phone)

VOLUNTEER SERVICES
AGREEMENT AND RELEASE

I, _____, hereby acknowledge that I have voluntarily applied to participate in performing certain services for the City of Carlsbad. I am voluntarily participating in these activities with the knowledge that there is some risk that I may be injured in the course of performing these services. I understand that the City's policy is to cover volunteers of the City through Workers' Compensation insurance. I also understand that under Workers' Compensation laws, Workers' Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services. I further understand and agree that I will only be entitled to medical expenses under the City's Workers' Compensation. I will not be entitled to any other Workers' Compensation benefits which may include, but are not limited to, permanent or temporary loss of use damages, replacement income or vocational rehabilitation benefits. With the exception of Workers' Compensation benefits as set out above, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the City of Carlsbad or any of its agents, officers, employees or other volunteers, for injury or damage resulting from negligence, howsoever caused, by any employee, agent, officer or volunteer of the City of Carlsbad as a result of my participation in this volunteer activity or service. In addition, I hereby release and discharge the City of Carlsbad, its agents, officers, employees and other volunteers from all actions, claims and demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services. In the event of an emergency, I hereby give the City of Carlsbad permission to seek medical attention for myself or my child, if volunteer applicant is less than 18 years of age. I give the City of Carlsbad, free of any compensation, unlimited permission to use, publish, and republish for such use as it may determine, information and reproductions of my likeness and my voice related to my volunteer work with the City. I hereby waive my right to first review the use of my likeness or voice before any use of publication.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A PARTIAL RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE CITY OF CARLSBAD AND SIGN IT ON MY OWN FREE WILL.

Signature (Parent or Guardian if volunteer is under age 18): _____
Date: _____

We look forward to working with you and appreciate the generous offer of your time and skill.

Creating community for those who live, work and play in Carlsbad.