



certify that I am – and in the case of parents of guardians of minor children, my child is - in good health, has had no recent known or suspected exposure to a contagious disease, and has had no recent operation or serious illness that would interfere with his/her/my responsibilities as a City Volunteer.

8. **Insurance not provided by City.** I understand that as a City volunteer, I do not receive from the City of Greenville any medical or workers' compensation insurance which automatically covers me for injuries or death sustained while performing volunteer services. If I believe I need – or my child needs -such insurance, then I am solely responsible for maintaining such insurance on my own.
9. **Release from liability.** In consideration of being allowed to participate as a volunteer, I agree to release, and hold harmless the City of Greenville, including its officials, employees and agents from and against any and all losses, expenses, claims, actions, liabilities and judgments (including attorney fees through the appellate levels), which I, may sustain or suffer as a result of or arising out of my participation in the volunteer service, whether caused by the negligence, action, or inaction of the City of Greenville or persons acting on its behalf or otherwise. I also agree that I shall be fully and solely responsible for any and all loss or damage that I inflict upon any person or upon the City's and/or rented facilities during my participation in the volunteer service, and I will indemnify the City for any loss it sustains as a consequence of my negligent or reckless acts or omissions.
10. **Release as broad as permitted by law.** I understand that this release is intended to be as broad and inclusive as is permitted by the laws of the State of South Carolina.
11. **Understanding acknowledged and age attested.** I acknowledge that I have fully informed myself my child of the contents and meaning of this Volunteer Service Agreement & Release, and I do voluntarily sign it of my own free will and as a condition of being allowed to participate with my volunteer service. Further, by signing this agreement, I attest to the fact that I am eighteen (18) years of age or older, or that the additional signature is that of my parent or guardian.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Volunteer's Signature

\_\_\_\_\_

Date

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

***In case of EMERGENCY, please contact the following individual:***

\_\_\_\_\_

Print Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Phone

\_\_\_\_\_

Address

**AGREEMENT, AUTHORIZATION AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION**

~~Background criminal checks for volunteers in certain assignments may be required. Volunteers who do not agree to the background check may be refused assignment. The following information is required to process the background information. I agree, authorize and consent to the release and disclosure of any and all information:~~

~~Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_~~

~~Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_~~

\_\_\_\_\_

Volunteer's Signature

\_\_\_\_\_

Date

**ENDORSEMENT, AGREEMENT, AND CONSENT TO ABOVE  
OF PARENT OR LEGAL GUARDIAN IF THE VOLUTEER ABOVE IS A MINOR:**

Parent or Guardian:

I hereby authorize the City of Greenville to take any steps necessary to insure my and/or my child's health in case of an emergency during my volunteer service with the City. I understand that the City of Greenville is not responsible for any liability arising out of participation in their volunteer work. I also authorize the City of Greenville to use my and/or my child's name, photograph or image for public relations purposes related to the City of Greenville volunteer program.

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature of Parent or Legal Guardian

\_\_\_\_\_

Date