

**VOLUNTEER AGREEMENT**

I UNDERSTAND AND INTEND THAT I AM KNOWINGLY AND VOLUNTARILY GIVING UP (WAIVING AND RELEASING) ANY RIGHT I OR MY HEIRS MIGHT HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST CLEAN FAIRFAX COUNCIL, INC. (CFC) AGENTS, EMPLOYEES, MEMBERS, OFFICERS, DIRECTORS, AND STAFF, OTHER PARTICIPANTS IN THE CFC EVENT OR ACTIVITY, AND ANY OWNER OR OCCUPANT OF PROPERTY ON WHICH THE CFC EVENT OR ACTIVITY IS HELD, AND ANY OF THEIR RESPECTIVE FAMILIES OR EMPLOYEES FOR ANY DAMAGES OR INJURIES I MIGHT SUSTAIN WHILE PARTICIPATING IN THE CFC EVENT OR ACTIVITY, AND I AGREE TO INDEMNIFY AND HOLD HARMLESS SUCH PERSONS FROM ANY SUCH CLAIMS WHICH I MIGHT MAKE OR WHICH MIGHT BE MADE ON MY BEHALF BY OTHERS OR WHICH MIGHT BE MADE AGAINST ME BY OTHERS. I UNDERSTAND THAT THE CLAIM MAY ARISE BECAUSE OF MY NEGLIGENCE, THE NEGLIGENCE OF OTHERS, OR THROUGH NO FAULT OF ANYONE.

I agree to perform my assignments in a professional and courteous manner. I grant CFC the rights to use my name, likeness, photos, or reproduction of my/our performance for any purpose including promotion and advertising.

The waiver shall remain valid unless expressly revoked by the participant or parent or guardian of a minor, in writing, with receipt acknowledged by CFC.

I certify all information provided in this form is true and complete, and agree to the above waiver.

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

Name (Print): \_\_\_\_\_

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

Email: \_\_\_\_\_

**If Under 18**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_