

RELEASE OF LEGAL CLAIMS



I want to participate as a volunteer for the City of South Bend and its Parks and Recreation Department. As a volunteer, I agree to the following:

I release any legal claim that I might have against any of the following organizations:

- x The City of South Bend.
- x The City of South Bend Parks and Recreation Department
- x Any of the aforementioned, respective officers, directors, employees, agents, or volunteers.

I, the Volunteer, understand that by signing this release I forever discharge and hold harmless the City of South Bend and the Parks and Recreation Department from any and all liability, claims, and demands of whatever kind of nature, either law or in equity, which arise, or may hereafter arise from the services I provide with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide or occurring while I am providing volunteer services.

I further understand that the above mentioned does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance of any nature in the event of injury, illness, death, or damage to my property. I expressly waive any such claim for compensation or liability on the part of the City of South Bend and the Parks and Recreation Department beyond what may be offered freely.

I grant and convey all right, title, and interests in any photographs, images, video, or audio recordings of me or my likeness or voice made in connection with my providing volunteer services to the City of South Bend and the Parks and Recreation Department.

As the Volunteer, I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Indiana and that this release shall be governed by and interpreted in accordance with the state laws. I agree that in the event that any clause or provision of this release is deemed invalid, the enforceability of the remaining provisions of this release shall not be affected.

I have read this release, I understand it, and I sign it freely.

Print Name

Email

Signature

Date

Address

I understand for my child/ward and agree to the above release.

Print Name

Signature

Date

Address

