



## City Blossoms Waiver and Release of Liability Form

**WAIVER:** I, ON BEHALF OF MYSELF AND MY CHILD(REN), HEREBY FULLY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge City Blossoms, Inc. and its agents, representatives, assignees, officers, directors, and employees, of and from any and all claims, actions or losses for bodily injury, property damage, wrongful death, expenses, causes of action, lawsuits, damages and liabilities, of every kind of nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in volunteer activities for City Blossoms, Inc.

**ASSUMPTION OF RISKS:** By this waiver I, on behalf of myself and my child(ren), assume any risk and take full responsibility and waive any claims of personal injury or death or damage to personal property associated with my involvement in City Blossoms, Inc. volunteer activities and the aforementioned released party.

**PHOTO PERMISSION:** I permit the use of any photos, slides, or films taken of me during City Blossoms, Inc. activities for publicity, advertising, promotion or other commercial purpose. I understand and agree that all photos will become the property of City Blossoms and will not be returned. I authorize City Blossoms to edit, alter, copy, exhibit, publish, or distribute the photos in the ways described above. In addition, I waive any right to inspect or approve the finished product containing the likeness, image, voice and/or appearance of myself and my child(ren). This photo agreement shall be binding on my heirs, successors, assigns, administrators and executors.

**POLICIES:** As a volunteer I understand that:

- City Blossoms requests volunteers to respect the diversity of all participants by refraining from discrimination against anyone based on religion, race, ethnicity, gender, age, or sexual orientation.
- Use or possession of any federally illegal drugs and alcohol is prohibited. I can also be denied the opportunity to volunteer if suspected to be under the influence of federally illegal drugs and/or alcohol.

**ACKNOWLEDGMENT OF WAIVER:** I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE City Blossoms, Inc. FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

*I certify that I am 18 years of age or older and that I am the parent/legal guardian of any participating dependents.*