

City of Clovis Waiver of Liability

Read Carefully before Signing

I, _____, hereby understand that participating in duties for the Clovis Police Department may involve activities that could be considered hazardous in nature. It is also understood that I am to receive no compensation from the City of Clovis for my volunteer services.

In consideration for my volunteering in the Police Department, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have or which hereafter accrue to me, against the City of Clovis as a result of my participation in the above activities. This release is intended to discharge the City, its officers, officials, employees and volunteers, and the above mentioned parties from and against any and all liability arising out of, or connected in any way with, my participation in the activities, even if that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above.

I further understand that accidents and injuries, including death, can arise out of the activities; knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

I further understand that to volunteer for the Police Department I will be required to undergo a LiveScan fingerprint screening prior to performing volunteer services. If I have been referred by a church or other nonprofit organization to the Police Department for volunteer services, I may authorize the Police Department to share my LiveScan information with the referring church or nonprofit organization. If I choose to authorize the Police Department to share my LiveScan information, it will only be shared with the church or nonprofit organization I have authorized, and I may terminate that authorization at any time by notifying the Police Department of the termination in writing. I further understand that such an authorization will be limited to sharing only the LiveScan fingerprint report and no other confidential, personal information, nor any additional data received related to me with be provided to the organization listed below.

_____ I hereby authorize release of my LiveScan report to _____
(referring organization). (Please Initial)

_____ I do not authorize release of my LiveScan report. (Please Initial)

By evidence of my signature below, I hereby acknowledge that I have fully read, understand and agree to the above provisions.

Signature

Date

Print Name

For Minors:

This is to certify that I, as parent or legal guardian of _____, have legal responsibility for this participant. I have read and understand the significance of this WAIVER OF LIABILITY and hereby consent and agree to his/her waiver, release and assumption of risk as provided above. I release and agree to indemnify and hold harmless the City of Clovis, its officers, officials, employees and volunteers from any and all liabilities for the injury or damage to the above minor while participating in this program, even if said injuries or damages arise from the negligence or carelessness of those parties.

Signature of Parent or Legal Guardian

Date

Print Name