



COLUMBIA COUNTY VOLUNTEER REGISTRATION AND WAIVER FORM

Name of Project/Location: _____ Date(s): _____

This is a waiver. Please read it carefully before signing. By signing this waiver, I certify that I have read this waiver and hereby agree:

- To waive all claims against Columbia County, its officers, agents and employees, arising out of or in any way related to this project;
- To assume and accept responsibility for all risks arising from or relating to this project;
- That participation in this activity is completely voluntary and that I have neither received nor expect to receive any compensation for participation;
- To read, listen to and follow all safety instructions presented in conjunction with this project;
- To use good judgement based on physical ability and to immediately terminate participation in the project if activities become too strenuous or difficult;
- To adhere to all local, state and federal laws as they may apply to my volunteer work on this project;
- To recognize that the County may suspend my volunteer activities at any time;
- That I am physically and mentally fit and able to participate in this project;
- That this waiver shall act as a complete bar against all actions or claims, including negligence claims, that I might otherwise have arising from or related to this project. If any action or claim is made, this waiver shall warrant immediate and final dismissal of all such actions or claims. This waiver applies to all claims made by myself or my legal heirs, representatives or agents.

PLEASE PRINT

Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone		Phone	
Signature		Signature	
Email		Email	

Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone		Phone	
Signature		Signature	
Email		Email	

Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Phone		Phone	
Signature		Signature	
Email		Email	

Name		Name	
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City, State, Zip		City, State, Zip	
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Signature		Signature	
Email		Email	