



City of Flint Blue Badge Volunteer Corps

VOLUNTEER INFORMED CONSENT

Volunteer Name: _____

RELEASE AND HOLD HARMLESS AGREEMENT

- In consideration of the acceptance of my voluntary participation in the Blue Badge Volunteer Corps, 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 may hereafter accrue to me, against the City of Flint as a result of my participation in the department of activity.
- This release is intended to discharge the City of Flint, its officers, employees and other volunteers from and against any and all liability arising out of or connected in any way with my participation in the department or activity, even though that liability may arise out of alleged negligence or carelessness on the part of the City of Flint or persons mentioned above.
- I further understand that accident and injuries can arise out of this activity; knowing the risk, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the City of Flint and persons mentioned above, who 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 risks is to be binding on my heirs and assigns.
- Should the volunteer be of minor age (under 17 years), this Agreement must be signed by a parent, guardian, or an adult over the age of 21 years who has been designated by the parents or guardian to act on his/her behalf.

CONFIDENTIALITY AGREEMENT

I understand that by virtue of my volunteer service with the City of Flint, I may from time to time be privy to data, records, reports and other publicly-held information of a sensitive nature. I agree to follow all applicable City policies and procedures respecting the treatment of public records and other information and further agree to keep said information confidential and to not disclose public records or other information to anyone without proper authority, consent and direction from those directing and supervising my activities.

Volunteer Signature: _____

Date: _____

Please provide one copy of this form to the following: Mayor's Office, Risk Management and the Department of Law