

Waiver and Release of Liability

Printed name: _____

Date: _____

Event: _____

I fully understand the risk of personal injury and property damage inherent in my participation in the above-named Event. I understand and agree that I have voluntarily chosen to participate in the Event, that I may terminate my participation at any time, and that my participation is not required by my employer, the City of Douglasville. I understand and agree that I will not be covered by the City of Douglasville's worker's compensation insurance for my participation in the Event.

If the time and date of the Event falls within my normal work hours for the City of Douglasville, then I hereby certify that during the time of the Event, either: (a) I am taking earned annual leave, trading days leave or compensatory time leave, and I have already secured written approval for this from my supervisor, or (b) I am on my daily meal break, and if I am an hourly employee, I have already clocked out for the time period of the Event.

I am at least 18 years of age, in at least average physical health, not impaired by drugs or alcohol, and not suffering from any known mental disability. I fully assume responsibility for my participation in the Event.

I do hereby, for myself and for my heirs, executors, administrators, personal representatives and assigns, waive all claims, and remise, release, and forever discharge the City of Douglasville, Georgia, its agents, insurers, elected officials and employees, the Georgia Interlocal Risk Management Agency, and its heirs, executors, administrators, personal representatives, and assigns from any and all claims (known and unknown), demands, damages, costs, expenses, loss of services, actions and causes of action, arising from any act or occurrence, up to the present time and to arise in the future, sustained or to be sustained due to my participation in of or presence at the Event.

Signature: _____