



Volunteer Service Agreement and Release

Participant Name: _____ Group Name/Affiliation: _____

Date of Birth: _____ Preferred Name/ Pronouns: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone #: _____ (Mobile) _____ (Other)

Email: _____ (Yes, please add me to the e-newsletter for this park)

Parent/Guardian Name(s)*: _____

**If participant is under age 18.*

Emergency Contact Name: _____ Relation: _____ Mobile Phone #: _____

Waiver

THIS VOLUNTEER SERVICE AGREEMENT AND RELEASE sets forth the terms and conditions applicable to volunteer service for Wake County. I understand that I or my child will receive no pay or compensation for this volunteer work. I agree that access to Wake County Parks and Open Space provides a benefit and is adequate consideration for this agreement. I agree that I or my child will abide by the reasonable instructions of Wake County staff, the policies and procedures of Wake County, and all applicable federal, state and local laws. I understand that some of the work performed as a volunteer may involve physical labor, strenuous activity, exposure to excessive heat, exposure to poisonous or hazardous plant and animal life, or other risks not specifically set forth herein; and may pose the risk of physical injury. I certify that I am or my child is in good health and physically able to perform volunteer work. I assume all risk and responsibility for any personal injury, death or damage to property which I may sustain or my child may sustain while performing volunteer services for Wake County excepting injury caused by intentional or gross negligence of Wake County.

I further acknowledge that participating in I further understand and agree to assume all risk and waive liability relating to any communicable diseases, waterborne illnesses, or any illness of any nature that arise from my participation in the activity I further acknowledge that participating in the activity could increase the risk of exposure to a disease or illness and expressly acknowledge that the waiver shall apply in the event I or any member of my group are exposed or infected.

I further release all copyrights for photos taken during said activities that may or may not have myself or my child(ren) published in future educational or promotional materials. All attempts will be made to contact individuals prior to releasing any names either in print or otherwise.

I hereby on behalf of myself, my spouse, my heirs, my executor, administrator, or personal representative fully and forever release and discharge Wake County, its agents, officers, or employees from any and all claims, demands, damages, causes of action known or unknown, resulting from the undersigned or child of the undersigned performing volunteer services for Wake County or being in, on, or about any Wake County premises or facilities while performing volunteer services for Wake County; excepting injury or damage which may arise out of intentional or gross negligence of Wake County. I further agree to indemnify, hold harmless, and defend Wake County, its agents, officers, or employees for damages, costs, expenses, or attorney's fees resulting from acts or conduct of me or my child while performing volunteer service for Wake County. I am at least eighteen (18) years of age and legally competent to execute this Volunteer Service Agreement and Release; or in the event that the volunteer is under the age of eighteen (18), that I am his/her parent or legal guardian and I am legally competent to execute this Volunteer Service Agreement and Release.

I understand that Wake County does not provide insurance or worker's compensation coverage for me or my child. I understand that, if required by Wake County Parks, Recreation & Open Space policy, my name will be checked with the National Sex Offender Database to ensure the safety of all park visitors. I have read this agreement and understand that by signing this I am waiving legal rights for me or my child. By signing below, I agree to this agreement and release. To be completed by parent/guardian if participant is under age 18.

Signature*

Name

Date

For staff use only:

Version: 7/2025

National Sex Offender Database Screening Required? Yes No

If Yes, date completed: _____ Staff Initials: _____