



CYC Volunteer Release Form

Volunteer Name: _____ Date: _____

Release of Liability

- A. The undersigned recognizes that the use of the equipment and facilities of the Community Youth Center ("CYC") involves a risk of physical injury including that caused by the negligence of himself or herself or CYC, its agents and employees. The undersigned hereby agrees to assume this risk of injury in its entirety regardless of the cause. _____
INITIAL
- B. The undersigned hereby voluntarily and forever releases, discharges, waives and relinquishes any and all actions, causes of the action, or claims for personal injury, property damage or wrongful death occurring to himself or herself, against the CYC, its agents and employees arising out of his or her use of the facilities. The undersigned further relinquishes any action causes of action, or claims which may hereafter arise, and agrees that under no circumstances will he or she be present any claim for personal injury, property damage or wrongful death against CYC, its agents, employees, arising out of his or her use of the facilities. _____
INITIAL
- C. The undersigned agree that in the event any claim for personal injury, property damage or wrongful death to the undersigned is prosecuted again CYC, its agents or employees, he or she shall indemnify and save harmless the same CYC from any and all such claims and causes of action. _____
INITIAL
- D. It is the intention of the undersigned, by this instrument, to exempt and relieve CYC, its agents and employees from liability for personal injury, property damage or wrongful death caused by its negligence. _____
INITIAL
- E. The undersigned further authorizes CYC to photograph or video the Participant during activities and/or excursions and to use such photograph(s) or video(s) in brochures, newspapers, or other media describing or depicting the CYC. _____
INITIAL

Volunteer Signature: _____ Date: _____

Parent/Legal GuardianSignature: _____
(Minor volunteers only)

Parent/Legal Guardian Printed Name: _____ Date: _____

CYC Acceptance: _____ Date: _____