

**CITY OF BRENTWOOD
PUBLIC LIBRARY VOLUNTEER PROGRAM
WAIVER/RELEASE**

LIABILITY RELEASE

In consideration of the acceptance of my application for the **City of Brentwood** Public Library Volunteer Program, 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, as a result of participation as a volunteer worker with the **City of Brentwood** Public Library. This release is intended to discharge in advance the **City of Brentwood**, its officers, employees or agents from liability. It is understood that some volunteer activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

CONSENT TO TREAT

I hereby give my consent to be treated by a physician or surgeon in case of sudden illness or injury while participating in **City of Brentwood** Public Library Volunteer Program. It is understood that the **City of Brentwood** provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

Name of personal physician

Doctor's telephone number

Doctor's address

READ BEFORE SIGNING

I have read and understand the foregoing liability release form, and consent to treat form, and agree to all of their terms and conditions.

Date

Signature

Signature

Print Name

Print Name

PARENTAL CONSENT (To be completed if applicant is under 18 years of age)

I give my consent for my son/daughter _____ to participate as a volunteer worker, and I execute the above liability release on his/her behalf.
Name of Volunteer

Signature

Print Name