



Town of Paradise
5555 Skyway, Paradise, CA 95969
(530) 872-6291, Fax: (530) 877-5059
www.townofparadise.com

VOLUNTEER AGREEMENT & RELEASE OF LIABILITY

I, _____, **HEREBY ACKNOWLEDGE** that I voluntarily applied to assist the Town of Paradise.

I AM AWARE THAT TRAINING FOR, AND WORKING IN, A DISASTER SITUATION MAY BE HAZARDOUS, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH FULL KNOWLEDGE OF THE NATURE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

Please initial: _____

AS LAWFUL CONSIDERATION for being permitted by the Town of Paradise to assist in disasters and receive, as it may be, disaster relief training and instruction, or other like considerations, except to the extent I am covered by the Town of Paradise Workers' Compensation Insurance pursuant to Town Council Resolution No. 98-14, I hereby agree that I, my heirs, distributes, guardians, legal representatives, and assigns will not make a claim against, sue, attach the property of, or prosecute the Town of Paradise, or any of its individual members, for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of the Town of Paradise or its affiliates, as a result of my assisting in a disaster, or participating in any training or other function. In addition, I hereby release and discharge the Town of Paradise, any of its individual members, and its affiliate organizations from all actions, claims, or demands I, my heirs, distributes, guardians, legal representatives, or assigns may have for injury or damage resulting from my participation in any function involving the Town of Paradise.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND IT'S CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE TOWN OF PARADISE AND I SIGN IT OF MY OWN FREE WILL.

Signature/Date _____

Witness's Signature _____