City of Garland Code Compliance

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A Sign Bounty Program

Release and Hold Harmless Agreement - MINOR

I/we,	, being the parent(s) and/or the legal guardian(s) of
being allowed to perform this volunteer service, I/v	to perform volunteer service work for the City of Garland. In consideration of we do hereby release the City of Garland and its officials, officers, agents, and employees
from liability for any harm, injury or damage which	may suffer, sustain, and/or incur while in the course of performing applies to all risks which are connected with this work, whether foreseen or unforeseen. I/we
the volunteer work which is assigned. This release	applies to all risks which are connected with this work, whether foreseen or unforeseen. I/we
do understand that the supervisor responsible for d	recting the volunteer work will make an effort to inform of
family, heirs, and assigns as a result of any harm o	ndertaken. This release applies to damages suffered by myself/ourselves as well as my/our injury which I/we may suffer.
I/we agree to hold the City of Garland and its or my/our family, estate(s), heirs, or assigns of	ficials, officers, agents, and employees harmless from any claims made by myself/ourselves,
	emnify and defend the City of Garland, its officials, officers, agents and employees from any
damage to persons or property, resulting from	negligence and/or intentional acts.
I/we further assume the responsibility of the ph	vsical fitness and ability to perform the work which is assigned to
	is capable of performing the volunteer work assignment, I/we shall assume the
responsibility of informing the Code Compliance C	Office Support Supervisor at 972-485-6400.
I/we am/are of lawful age and legally competer document on my/our free act.	t to sign this release as the legal guardian(s) of and have signed this
I/we have fully read and understand the content rights which I/we may be entitled to.	s of this release and understand that by signing this document, I/we am/are relinquishing legal
Date:Volunteer signature:	
Date :Parent or Legal Guardian signat	ıre:
	Emergency Information
In case of emergency, notify:	
Phone numbers: (Home)(Work)	
(Mobile)(Other)	_
Does the volunteer have any medical condition of	which we should be aware?
No Yes if yes, describe	