

## Waiver of Liability

Program/Event: \_\_\_\_\_

Volunteer's / Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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I, the undersigned volunteer/participant (if not over 18 yrs., parent/guardian), hereby release and discharge the City of Willcox, its officers, agents and volunteers, from any and all claims, demands, suits, actions or causes of actions which may or can be suffered by while participating in the above activity. This release is complete and full and not contingent upon any act, work or deed by either undersigned or the City of Willcox.

I assume the responsibility of mental and physical fitness to participate in said program, and agree to abide by all rules and requirements of the program/event.

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Volunteer/Participant

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_  
If not over 18 years, Parent/Guardian