



Adopted by the Library Board of Trustees August 7, 2014

## VOLUNTEER WAIVER AND RELEASE OF LIABILITY

I, \_\_\_\_\_ (name), request that I be allowed to participate as a volunteer for the Newton County Library System for the following activity, described as:

\_\_\_\_\_

Beginning date of activity: \_\_\_\_\_

I currently have no known physical condition that would impair my capability to engage in physical activities appropriate for this Activity. I recognize that there is an element of risk of physical injury to me if I participate in this Activity and I agree that I am participating at my own risk and voluntarily accept all risk.

### **In exchange for being allowed to participate in this Activity:**

- 1) I understand and agree that the Newton County Library System shall not be liable for any loss, damage or injury resulting from any acts on my part. I personally assume all risks in connection with this Activity and I hereby expressly forever release Newton County Public Library, its officials, agents, employees, and volunteers, from any claims, demands, injuries, damages, actions or causes of action whatsoever for any acts of active or passive negligence on the part of the Newton County Library System, its officials, agents, employees, and volunteers. This release does not waive liability for intentional, willful or wanton acts.
- 2) I agree to participate as a volunteer for this Activity according to the policies and procedures of the Newton County Library System including wearing appropriate attire while performing my assigned duties.
- 3) I understand that Georgia's mandatory reporting law (O.C.G.A. § 19-7-5) requires library personnel or volunteers to become mandated reporters for suspected cases of child abuse. If I have reasonable suspicion that a child has been abused or is at risk, I will contact library director or person in charge of the library at the time to verbally report suspected abuse.
- 4) I understand that my volunteer duties and assignments are unpaid time and may be subject to change at any time, based on the needs of the library system.

By signing, I acknowledge that I have carefully read and fully understand everything written on this form and am voluntarily signing this waiver and release of liability agreement between myself and the Newton County Library System as my own free act.

Volunteer's Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*If applicant is a minor (person under 18 years of age), **this form must also be signed by parent or guardian.***

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**Parental Consent**

I give permission for my child/ward to participate as a volunteer in the Activity described above and agree to be bound by the conditions stated in this waiver and release form.

Parent/Guardian Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_