



CITY OF HARRISONBURG  
**PUBLIC  
WORKS**

320 EAST MOSBY ROAD, HARRISONBURG, VA 22801

OFFICE (540) 434-5928 • FAX (540) 434-2695

**Parental or Guardian Liability & Photo Release**  
Volunteer Tree Planting Event

As a volunteer, I understand that I need to be present for safety instruction prior to engaging in the volunteer tree planting event. I will exercise care and safety while participating in any program events. I will seek further direction or explanation of anything not fully understood by me.

I understand and agree that my voluntary participation in City activities does not entitle me to any compensation or other employee benefits. I further understand that I am NOT an agent or employee of the City and will not so represent myself to any person, government unit or corporate entity. I further understand and agree that I will be solely responsible for my actions while participating in volunteer activities.

I further indemnify and save harmless all event organizers partners, sponsors, and contributors involved in any way with the volunteer tree planting event from any responsibilities, damage, or liability arising from my participation in any and all activities associated with this event. This waiver shall be determined to be and shall be a complete bar to any action which might otherwise be brought either by law or under any state or federal statute for the property injuries arising as a result of voluntary participation in the activities contemplated herein.

By voluntarily engaging in any tree planting activity, I personally assume all risks for any harm, injury, or damage during my participation

*Photo Release: I hereby authorize the City of Harrisonburg to use my likeness and name in materials to be used in public service announcements, public education initiatives and in the service of the public good. This authorization extends to all publications whether now known or hereafter existing, controlled by the City of Harrisonburg. I will make no monetary or other claim against the City of Harrisonburg for the use of my likeness and/or name in perpetuity.*

I am the parent or guardian of \_\_\_\_\_, a minor, and on the minor's behalf and on my behalf, I accept the release and waiver of liability as inducement for allowing my child, or this minor, to participate in this volunteer event. I understand that the City of Harrisonburg has only given permission for this program and is not responsible for its direct administration and I waive any and all claims against the City of Harrisonburg for the planning or operation of the event. I further authorize any emergency medical care which may be necessary. I represent and warrant that I have the authority to give this release.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Email: