Volunteer/Participant Liability Release Form

I, _____ _____

Print full name ***Print email***
(for post-event communications; you can unsubscribe at any time)

as a volunteer for, or participant in, any of the activities of TreesCharlotte and its partners, I understand that I am free to refuse to participate in or continue activities in any setting where I feel my personal safety is at risk, and that I should alert the staff of TreesCharlotte to any hazardous situations. Furthermore, I hereby release and forever hold harmless TreesCharlotte, its officers, directors, representatives, agents, partners, and staff from any and all actions, cause of action, claims, demands and liabilities arising out of, or related in any way, to my participation in the activities of TreesCharlotte at any time henceforth. By signing this form, I also grant TreesCharlotte and its partners the right to use video or photo footage of me for their business purposes (website, printed collateral, social media, etc.).

I also acknowledge TreesCharlotte's policy on "Registered Sex Offenders" prohibits anyone registered or required to register as a sex offender from being present at TreesCharlotte events, including but not limited to being present on CMS owned properties regardless of their operating hours. By signing this form, I acknowledge that I am not a registered sex offender and/or am not required to register as a sex offender. I acknowledge that if I violate this policy, that I am subject to removal by TreesCharlotte and/or law enforcement officials and may also be subject to criminal prosecution.

By participating in this event, I acknowledge and agree to the following terms and accept full responsibility for myself and any minors in my care.

- **Supervision of Minors:** Children under the age of 16 must be accompanied and supervised by a responsible adult for the entire duration of the event. TreesCharlotte is not responsible for any unaccompanied minors.
- **Transportation:** All volunteers are required to have reliable transportation to and from the event. I understand that TreesCharlotte is not responsible for arranging transportation for any late pick-ups or for post-event supervision. Please note that event end times may vary.

_____ _____

Signature ***Date***

_____

Signature of Parent or Guardian *(if participant is a minor under 16 years old)*

_____

Emergency Contact Name & Number *(must be filled out to participate)*

How did you hear about this event?

☐ Instagram ☐ Facebook ☐ Email ☐ Partnering Organization ☐ Other

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(Park & Greenway Events)

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as a volunteer for, or participant in, any of the activities of TreesCharlotte, Mecklenburg County, and its partners, I understand that I am free to refuse to participate in or continue activities in any setting where I feel my personal safety is at risk, and that I should alert the staff of TreesCharlotte to any hazardous situations. Furthermore, I hereby release and forever hold harmless TreesCharlotte, Mecklenburg County, and it' partners, its officers, directors, representatives, agents, and staff from any and all actions, cause of action, claims, demands and liabilities arising out of, or related in any way, to my participation in the activities of TreesCharlotte at any time henceforth. By signing this form, I also permit TreesCharlotte, Mecklenburg County, and its partners to use a photo of myself for their business purposes (website, printed collateral, etc.). I and/or the volunteer group that I represent shall indemnify and hold harmless TreesCharlotte, Mecklenburg County, and its partners, its officers, employees and assigns from and against all claims, damages, losses or expenses arising out of participation as a volunteer. I understand that volunteer services to TreesCharlotte, Mecklenburg County, and its partners, are to be completed without remuneration or monetary benefit of any kind. I also understand that volunteers are responsible for their own insurance (medical, automobile, liability or any other) and are not covered in any way through County Insurance.

_____ _____

Signature ***Date***

_____

Signature of Parent or Guardian *(if participant is a minor under 16 years old)*

_____

Emergency Contact Name & Number *(must be filled out to participate)*