



City of Fairfax, Virginia

COMMUNITY DEVELOPMENT AND PLANNING

10544 Armstrong St • Room 207 • Fairfax, VA 20030-3630

P (703) 385-7930 • www.fairfaxva.gov/trees

Forest Rescues Group Volunteer Waiver

Name of Participant:	Email:	Phone:
Address:	Signature:	
Name of Participant:	Email:	Phone:
Address:	Signature:	
Name of Participant:	Email:	Phone:
Address:	Signature:	
Name of Participant:	Email:	Phone:
Address:	Signature:	
Name of Participant:	Email:	Phone:
Address:	Signature:	

Volunteer Release and Waiver of Liability Authorization

I am aware that maintenance and landscaping duties are activities which may, by their nature, pose risks of injury to me. I understand and acknowledge that these risks exist.

With this waiver, I expressly assume the risk of engaging in this activity on behalf of myself and any minor child of mine that I allow to participate.

With the knowledge of the foregoing, and as an inducement for the City to allow me access to City owned property, and to the maximum extent permitted by law, I hereby agree voluntarily, and after considering the risks, to waive or release any and all rights that I or my heirs may have to make a claim against the City or its elected officials, employees and staff, arising from any damages, injury, or death which I might sustain as the result of my participation in the volunteer activities offered by the City.

I further agree to indemnify and hold harmless all of the foregoing from any claims which I might make or which may be made on my behalf by others or which I might be made against me by others arising from my activities as a volunteer with the City.

**By volunteering you are giving consent to allow the City of Fairfax, its officers, employees, and agents, to use any still image(s) or video of you in any publication or broadcast medium.*

Signature of Group Leader

Date