CITY OF FORT WAYNE
HOLD HARMLESS RELEASE

Name of Person Giving Release (Parent's Name) _____

Address: _____

Phone: (Day) _____ (evening) _____

Emergency Contact: _____

Phone: (day) _____ (evening) _____

Party Released: City of Fort Wayne, its agents and employees including all Departments, Managers, Directors, Officers, Boards & Commissions, administration, and staff.

Release: I release and give up all claims, including claims for negligence; I now have or may have in the future against the Party Released arising out of my participation in the following activity:

Name of Activity: **Teen Service Learning Program**

I also understand that the activity set forth above is undertaken by me on a completely voluntary basis. I make this decision by choice and my participation in this activity is undertaken knowing that certain risks may be involved. These risks include, but are not limited to, property loss or damage and physical or emotional injury, temporary or permanent, and death. I recognize that the locations in which I am working can be dangerous, in day or in night, and I voluntarily assume the risk of these dangers by choosing to participate in the activity. I understand that the City of Fort Wayne does not assume any risk or liability due to my participation in this activity. I understand this release applies to all claims for property loss, injury or illness, or death or any other damages suffered by me, now or in the future, whether suffered in transport to the activity or during the activity itself.

Binding: This release binds me, my heirs and personal representatives. I understand that it benefits the heirs, personal representatives or successors and assigns of the Party Released. Signed: Before signing my name to this Release, I state that:

1. I have read it.
2. I understand it and know that I am giving up important rights.
3. I sign it freely as my own act and deed, and
4. I intend to be legally bound by it.

_____

Signature of Teen Service Learning Participant Date

_____

Signature of Parent/Legal Guardian Date

Addendum: I certify that I am covered by an independent health insurance policy.
Policy #: _____ Carrier: _____
Addendum: We do not have insurance, but we understand and agree to be liable for all expenses incurred from my son/daughter participating in the Teen Service Learning Program.

_____

Signature of Parent/Legal Guardian Date