VOLUNTEER SIGN UP LIST ***PROJECT:*** _____ ***DATE:*** _____

I release and discharge the City of Hubbard and its officers, agents, and employees from any and all claims of any kind whatsoever which may result from or in connection with my participation.

I further agree to hold harmless the City of Hubbard and its officers, agents, and employees from liability for any damages or injuries resulting from any acts or failure to act on my part during my participation in said activities.

I acknowledge and understand as a volunteer, I may use my own equipment for work for the City of Hubbard. The equipment should have all factory installed safety guards and switches installed and I must wear eye and hearing protection and/or any other safety equipment recommended by the manufacturer of the equipment. I assume the liability risk if my equipment is loaned to or used by another individual.

By my signature below, I understand and agree to the information above and certify that all answers to the questions and statements are true and complete to the best of my knowledge.

NAME	ADDRESS & ZIP	PHONE #	E-MAIL ADDRESS
Parent/guardian must sign for those under 18 **PLEASE SIGN & PRINT NAME**			