

Attachment 5 – Liability Form

REQUEST TO PARTICIPATE AND RELEASE OF LIABILITY

LARAMIE COUNTY EMERGENCY MANAGEMENT VOLUNTEER

Name: _____
(First) (Middle initial) (Last)

Address: _____
(Street) (City) (State) (Zip code)

I hereby acknowledge that volunteer work with the Laramie County Emergency Management Agency (LCEMA) may involve physical exertion and physical contact or exposure to various environmental and man-made hazards and carries an inherent risk of injury, property damage and/or death. I knowingly and voluntarily accept the burden of any and all such risks, including, but not limited to, physical and financial risks.

Further I do hereby, for myself, my heirs, personal representatives and assigns, release and discharge Laramie County and/or any of its agencies, their employees, agents and elected officials, successors and assigns from all actions, causes of action, damages, claims or demands for all known or unknown personal injuries, property damage or death resulting from or arising out of volunteer work with LCEMA.

By my signature below, I certify and warrant that I have read and fully understand the foregoing **Release**. I acknowledge that Laramie County does not waive its governmental immunity by allowing me to participate as a volunteer. Further, I am signing this REQUEST TO PARTICIPATE AND RELEASE OF LIABILITY, freely, voluntarily and without coercion and in exchange for the consideration of the opportunity to participate as a volunteer with LCEMA.

Witness

Participant

Date

Date