



VOLUNTEER HOLD HARMLESS AGREEMENT

Name: _____ (please print)

I and/or the volunteer group that I represent hereby waive any and all claims against the County of Davie, its officers, employees and assigns and shall indemnify and hold harmless the County of Davie, its officers, employees and assigns from and against all claims, damages, losses or expenses arising out of participation as a volunteer.

I agree to conform to Davie County Recreation and Parks rules and procedures to the best of my ability and agree to respect the confidential nature of information I may obtain as a volunteer for Davie County Recreation and Parks Department. I understand that a criminal records check may be conducted if it is required by my volunteer placement and that references will be contacted. I also understand that Davie County Recreation and Parks reserves the right to discontinue the services of any volunteer at any time.

I understand that volunteer services to the County of Davie 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.

Volunteer Signature **Date**

Parent's signature (If volunteer is less than 18 years of age) **Date**

Emergency Notification Information

First Name **Last Name** **Relationship**

Home Phone **Work/Cellular Phone**

Please return this form to:

Davie County Recreation and Parks | 151 Southwood Drive | Mocksville, NC 27028
Phone: 336-753-TEAM (8326) | Email: wfitzsimons@daviecountync.gov

