



Public Works Volunteer Form

Oglethorpe County Public Works
oglethorpecountyga.gov

P.O. Box 261 · Lexington, Georgia 30648 · 706-743-5270

Individual Volunteer Information:

Name: _____

Phone Number: _____

Volunteer Location: _____

(Name of Road)

How Many Hours Planned on Volunteering: _____

Organization Volunteer Information:

Organization Name: _____

Point of Contact Name: _____

Point of Contact Phone Number: _____

Volunteer Location: _____

(Name of Road)

How Many Hours Planned on Volunteering: _____

STAFF USE ONLY:

Date Received: _____

Staff Initial: _____

Notes:

**VOLUNTEERS MUST COMPLETE THE
WAIVER FORM**

**PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED
IF VOLUNTEER IS UNDER AGE 18**



Volunteer Waiver

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WAIVER AND RELEASE FORM RELEASE OF LIABILITY

In return for being allowed to participate in Oglethorpe County Government volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the under-signed Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter re-ferred to using "I", "me", or "my") releases and agrees not to sue the Oglethorpe County Government or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property dam-age, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Oglethorpe County Government are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Oglethorpe County Government for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the Oglethorpe County Government have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Oglethorpe County Government.

(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by sign-ing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agree-ment. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.