



**VOLUNTEER  
ADULT CONSENT FORM**  
ASHLAND PARKS & RECREATION DE-  
PARTMENT  
Participation and Release Form

I execute this release on my own behalf, and I am a competent adult. In consideration of being allowed to participate in volunteer activities for the Ashland Woodland and Trails Association (AWTA) for the calendar year 2024 for typical trail maintenance and construction activities, I hereby release the City of Ashland/Ashland Parks & Recreation Department from any and all claims for damages, injuries or sickness, which may result either directly or indirectly from those activities. I am aware that potentially dangerous conditions exist where the volunteer activities are to occur, including but not limited to slippery pavement, fallen trees, limbs, rocks, debris and other materials. I have satisfied myself that the risk of harm from participating in these activities is acceptable. I have also satisfied myself that I am physically able to undertake and complete this activity. I understand and acknowledge that the City of Ashland/Ashland Parks & Recreation Department is not responsible for any injuries, damages or sickness that may result from my participation in these activities, and I understand that I would not be allowed to participate in the activities if I did not execute this consent and release.

Further, I release the City of Ashland and Ashland Parks & Recreation Department and their officers, employees and agents from any and all claims for injuries sustained to personal property resulting from participation in the volunteer activities described above and agree to defend, with an attorney acceptable to the City of Ashland, indemnify and save the City of Ashland and Ashland Parks & Recreation Department and their officers, employees and agents from any and all claims, costs and damages, including attorney fees and costs incurred in the evaluation, defense or appeal of any claim resulting from injury to any person or damage to property of whatsoever nature arising out of negligence or carelessness on the part of the persons or entities released, except for injury to person or damage to property arising out of the intentional misconduct or the recklessness of the City of Ashland or Ashland Parks & Recreation Department.

I HAVE CAREFULLY READ THIS PARTICIPATION AND RELEASE FORM AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR NEGLIGENCE AND A CONTRACT BETWEEN ME AND CITY OF ASHLAND, AND I SIGN IT VOLUNTARILY AND OF MY OWN FREE WILL.

By signing below, my signature signifies that I have read the waiver language as described above and agree to its terms.

**Name (Print)                      Signature                      Emergency Contact                      and Phone #**

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By signing below, my signature signifies that I have read the waiver language as described above and agree to its terms.

**Name (Print)**                      **Signature**                      **Emergency Contact**                      **and Phone #**

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**Name (Print)                      Signature                      Emergency Contact                      and Phone #**

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**Name (Print)**                      **Signature**                      **Emergency Contact**                      **and Phone #**

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**Name (Print)**                      **Signature**                      **Emergency Contact**                      **and Phone #**

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