



INJURY WAIVER AND GENERAL RELEASE FORM

By signing your name below as a volunteer for the City of Rockland. You acknowledge that your participation exposes you to a possibility of personal injury. You, being fully aware that your participation as a volunteer exposes you to a possible risk of personal injury, hereby release the City of Rockland and its officers, director, employees, agents, licenses, subsidiaries, consultants, independent contractors and affiliates from any and all liability from property damage, personal injuries, or other claims arising from or in connection with your participation as a volunteer including claims that are known and unknown, foreseen and unforeseen, future or contingent.

You acknowledge that you have read and fully understand the Injury Waiver and General Release Form. This agreement shall be binding on you, your spouse, your children, legal representatives, heirs, successors and assigns.

Printed Name _____ Date _____

Signature _____