



HOLD HARMLESS AGREEMENT CITY OF JACKSON

I _____(Volunteer) do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Jackson, and individual personnel for any claim arising out of injury to myself that is directly related to the activity of participating in the **Month of Miracles Event** and all related activities.

I understand that if I am injured due to my negligence or intentional acts or negligence or intentional acts of others I waive, release, absolve and indemnify the City of Jackson of all claims. I also understand that I, _____(Volunteer) will be responsible for carrying any and all necessary insurance coverage for that this activity requires to protect me from legal actions arising from my participation in this program.

Date _____ Volunteer _____

PARENTAL CONSENT (To be completed if applicant is under 18 years of age)

Minimum age requirement of volunteers is set at 12 years old and all volunteers under the age of 18 must be accompanied by an adult.

I give my consent for my son/daughter _____to participate in the above activity, and I execute the above Hold Harmless Agreement on his/her behalf.

Date: _____ Parent Signature _____