

Vaughn Public Library  
Volunteer Release and Waiver of Liability Agreement

I, \_\_\_\_\_, (OR parent of minor child \_\_\_\_\_) hereby agree to volunteer my services to the Vaughn Public Library, a department of the City of Ashland Wisconsin (hereinafter referred to as "the Library" and "the City"), without expectation of monetary compensation. In consideration for being permitted to volunteer, I hereby agree to release, waive, and discharge the Library, its officers, directors, employees, agents, and volunteers from any and all claims, liabilities, damages, or injuries that may arise from my participation as a volunteer.

**Assumption of Risk:** I understand that volunteering may involve certain risks and hazards, including but not limited to physical injury, property damage, or other unforeseen events. I voluntarily assume all such risks and agree to hold harmless the Library and the City and its representatives from any and all liability arising out of my participation as a volunteer.

**Medical Authorization:** I authorize the Library to seek medical treatment on my behalf in the event of any injury or medical emergency that may occur while I am volunteering. I understand the Library will make reasonable efforts to contact me or my emergency contact before seeking medical treatment, but in the event that I am unable to provide consent, I authorize the Library to act on my behalf.

**Photographic Release:** I grant permission to the Library to take photographs, videos, or other recordings of me during my volunteer activities. I understand these recordings may be used for promotional or informational purposes, including but not limited to website content, social media, or printed materials.

**Confidentiality:** I agree to maintain the confidentiality of any sensitive or proprietary information I may be exposed to during my volunteer activities. I understand unauthorized disclosure of such information may result in termination of my volunteer status and may subject me to legal liability.

**Indemnification:** I agree to indemnify and hold harmless the Library and the City, its officers, directors, employees, agents, and volunteers from any and all claims, liabilities, damages, or expenses (including attorney's fees) that may arise from my acts or omissions as a volunteer.

**Acknowledgment:** I have read and understand the terms of this Volunteer Release and Waiver of Liability Agreement, and I voluntarily agree to be bound by its terms. I acknowledge I am providing my services as a volunteer at my own risk and I am not an employee or agent of the Library or City.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

IF Volunteer is a Minor (UNDER AGE 18):

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Emergency contact information: Name: \_\_\_\_\_

Phone: \_\_\_\_\_