

**Atlanta Foundation for Public Spaces &
Georgia Foundation for Public Spaces**

Volunteer Release of Liability

In exchange for participation in the activity of volunteer services organized by the Atlanta Foundation for Public Spaces ("AFFPS") and Georgia Foundation for Public Spaces ("GFFPS") of the state of Georgia and/or use of the property, facilities and services of _____ ("the festival"), I agree for myself and (if applicable) as the legal guardian for the minor _____, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by AFFPS and GFFPS, or the employees, representative or agents of AFFPS and GFFPS. Initial: _____
2. I recognize that there are certain inherent risks associated with the above described activity including, but not limited to lifting and carrying heavy objects, exposure to heat and other outdoor elements, and assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge AFFPS and GFFPS for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of the festival, whether caused by myself, my family or any other third party. Initial: _____
3. I agree to indemnify and defend AFFPS and GFFPS against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of the festival. Initial: _____
4. I agree to pay for all damages to the facilities of the festival caused by my or my family's negligent, reckless, or willful actions. Initial: _____
5. Any legal equitable claim that may arise from participation in the above shall be resolved under Georgia law. Initial: _____

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I AM A VOLUNTEER AND HOLD HARMLESS AFFPS & GFFPS AND WILL FOLLOW THE RULES AND REGULATIONS THAT ARE PROVIDED.

Initial: _____

- Participant Printed Name: _____

- Signature of Participant: _____

- Signature of guardian (if applicable): _____

- In case of emergency please call _____ at this phone number: _____ Relationship: _____

Today's date: _____