**City of Fairfax**
*10455 Armstrong Street*
*Fairfax, Virginia 22030*

**City of Fairfax Bicycle and Pedestrian Count Program**
**Volunteer Release of Liability Statement**

Thank you for your interest in assisting the City of Fairfax with its Bicycle and Pedestrian Count program. Please read and sign the statement below prior to participating in this activity.

I, the undersigned, am volunteering to participate in the City of Fairfax Bicycle and Pedestrian Count Program, and do hereby:

1. Acknowledge that I have voluntarily agreed to participate in the City of Fairfax Bicycle and Pedestrian Count Program and understand that I will not be compensated. I further understand that my participation is at the discretion of the City.
2. Acknowledge that this volunteer service carries the potential for injury, death, or property damage, and acknowledge that my participation is undertaken at my own risk and that I am not included in the City's insurance coverage or worker's compensation.
3. Waive and release the City of Fairfax, its elected and appointed officials, agents, employees and all other persons supporting this program (hereinafter referred to as "the City") from all liability for any loss, damage, injury, death, or property damage arising out of or related to this volunteer activity.
4. Agree to indemnify and hold harmless the City against loss, liability, damage, or cost that I may incur arising out of or related to my participation in this volunteer activity.
5. Authorize the City to use any photographs, videos, or recordings related to my volunteer activity for any purpose, including but not limited to recognition, marketing, or training.
6. Certify that I have reviewed the instructions and training for my volunteer duties and will take all necessary precautions to participate in this service safely and properly.
7. Certify that I am aged 18 or older and fit to participate in this activity.

**Thank you for Volunteering!**

Name:

Address:

City, State, Zip:

Phone: Email Address:

Signature: Date: