



CIVIC ORGANIZATION AGREEMENT AND WAIVER OF LIABILITY

As a condition of volunteering to provide assistance at the DeKalb Community Service Board ("DeKalb CSB") I _____ (representative of the organization) agree to the following on behalf of all participants:

- I agree that if the organization or any participant in the organization is exposed to any confidential and/or personal information regarding any consumer of the DeKalb CSB, we shall never disclose or reveal such information to anyone who is not a staff member of the facility in which I am providing our services;
- I agree that while we are at any facility of the DeKalb CSB, we will comply with the DeKalb CSB's policies, program procedures and other related rules and regulations as well as the laws of the State of Georgia;
- If so requested, I agree that all participants will wear an agency issued identification badge at all times while on duty and dress appropriately according to the DeKalb CSB's dress code;
- I agree that we will accept supervision and direction and work as a member of a team with all staff of the DeKalb CSB;
- I agree all participants will refrain from the use of illegal drugs or alcohol immediately before or during the organization's time at the DeKalb CSB;
- I agree all participants will refrain from abusive language or behavior during our time at the DeKalb CSB;
- I agree that all participants freely assume all risks, dangers and hazards including the possibility of personal injury death, permanent disability, and property damage or other loss as a result of our time at the DeKalb CSB;
- I agree and understand that neither the organization nor the participants are entering into an employment relationship with the DeKalb CSB and that neither the organization nor the participants are entitled to receive a salary or any employee benefits. I understand that either the DeKalb CSB or I may terminate this relationship at any time, for any reason or no reason, without notice;
- I agree that all participants understand that the safety and well being of the consumers, staff and volunteers of the DeKalb CSB is paramount and for this reason, I agree that if any participant has a conviction for any criminal offense including but not limited to any sex crime, violent crime, or drug related crime they are disqualified from participating with the organization's project at the DeKalb CSB; and
- **I agree that on behalf of all participants, I hereby release the DeKalb CSB from liability for any loss, damage or injury (including death) which any participant may sustain as a result of their duties, including any loss, damage or injury caused by the negligence of the DeKalb CSB. I agree that each participant will be solely responsible for any such loss, damage or injury.**

ACKNOWLEDGMENT

I HAVE READ AND UNDERSTOOD THIS AGREEMENT on behalf of my organization agree to the terms above. On behalf of my organization, I am aware that by signing this agreement, each participant is waiving certain legal rights, which each participant of their heirs, next of kin, executors and administrators may have against the DeKalb CSB.

Signature of Civic Organization Authority

Signed this ___ day of _____, 20__

Printed Name of the Civic Organization Authority