



## Henrico County Volunteer Program Release Clause

During such times as I am a participant in the County of Henrico Volunteer Program, I agree to assume full responsibility for such participation and release the County of Henrico from any damages which I may sustain thereby. I fully understand that if my services are no longer needed, or my performance is not acceptable, the County has the right to terminate my services as required and without notice.

**Signature of volunteer applicant:** \_\_\_\_\_

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

Date of Birth (if under 18): \_\_\_\_\_

If volunteer applicant is under 18 years of age, a parent / guardian must sign below.

Parent /Guardian signature: \_\_\_\_\_