

CITY OF SOUTHAVEN MUNICIPAL COURT
COMMUNITY SERVICE WAIVER OF LIABILITY

Name: TEST TEST

Charges: SPEEDING 10-20 MPH OVER 00 MPH in a 00 MPH zone

Cause # 010159

Address: 8889 NORTHWEST DRIVE, SOUTHAVEN, MS 38671 Phone Number: (662) 555-5555

The Municipal Judge, on this the 16th day of July, 2020 ordered the above named defendant to complete _____ hours of Community Service in lieu of and/or in addition to fine payments.

I understand that the City of Southaven, its agents, its employees, its volunteers, and any entities or organizations that allow me to perform community service on their premises or under their control WILL ASSUME NO LIABILITY for any personal injuries, death, or property damage which may be sustained while I perform Community Service.

By signing this WAIVER OF LIABILITY I fully waive any and all rights and claims against the City of Southaven, its agents, its employees, its volunteers, and any entities or organizations that allow me to perform community service. Furthermore, I understand that the City of Southaven and its employees have immunity pursuant to Mississippi Code Section 11-46-9(1)(n). By my participating in the Court Ordered Community Service, I acknowledge that I am not an employee of the City of Southaven and am not entitled to or covered under the City of Southaven's worker's compensation insurance.

I attest to the fact that I have no disabilities or diseases that would impact my ability to perform these types of physical activities and that if I had any questions about how this might affect my health I have consulted with my physician and my physician has advised me that this type of work is okay for me to perform.

I understand that I must comply with all rules and regulations of the City of Southaven Ordinances, Community Service Supervisors and any failure to do so will result in my immediate dismissal from the Southaven Municipal Court's Community Service Program and a report will be made to Judge David Delgado which could result in a criminal charge of contempt of court for disobedience of a community service work order imposed by the Court.

IF UNDER EIGHTEEN YEARS OF AGE PARENT OR GUARDIAN MUST SIGN:

_____ being the guardian/parent of TEST TEST

understand that the City of Southaven and its agents and employees will assume no liability for any personal injuries, death, or property damage which may be sustained by my child while performing Community Service. I hereby give my permission for my child to perform Community Service. I agree to all the terms stated above and I release all claims against any person or entity whom my child performs community service under:

Signature of Parent/Guardian

Signature of Defendant

Date: 7/16/2020

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