

Volunteer Acknowledgement of Risk and Release

City of Washington – Parks and Recreation Department
405 Jefferson, Washington, MO 63090
636-390-1080



Project/Activity: _____ Date: _____

Location: _____

Name (first, last): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone (H/W/Mobile): _____ 2nd Phone (H/W/Mobile): _____

Emergency Contact: _____

Name	Relationship	Phone
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I, the undersigned, agree for myself or for my minor child/ward, to volunteer for the City of Washington Parks and Recreation, and understand and agree to the following:

1. I will follow instructions of my placement and perform my service to the best of my ability.
2. I act only as a civilian volunteer and do not function as an employee, agent or representative of the Parks and Recreation Department and/or the City of Washington.
3. I give permission for media coverage of myself and/or my minor child/ward to be disseminated for public relations purposes.
4. I acknowledge that there are dangers and risks incurred as a result of participating in activities connected or associated with volunteering; and I

knowingly assume all risk for any injuries, death, damage or loss to my person, including but not limited to: falling down, tripping, bumping; back, bone, joint, head, neck, muscle or spinal injuries or strains; cuts, scrapes; choking; allergies; heat stroke, heat exhaustion, sunburn or other injuries; and/or any damage or loss sustained to my property.

5. In the event of any emergency, I authorize the City of Washington officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for my immediate care, including ambulance transport. Further, I agree that I will be responsible for payment of any and all medical services rendered.
6. I agree to hold the City of Washington, its agents, servants and employee harmless from any and all liability, actions, causes of actions, claims, demands for suits whatsoever result from or arising out of personal injuries, lost of, or damage to property, or involving any impairment of, or damage to any right because of or in any way related to the City resulting from volunteering in this project/activity.
7. This Acknowledgement of Risk and Release is valid for this specific project/activity only on the date(s) listed above.

I acknowledge and understand the City of Washington Parks and Recreation Department's risk and release. This acknowledgement of risk and release shall not be modified orally. All minor's signature must be accompanied by the signature of the parent or guardian.

Name (printed)

Signature of parent or guardian

Volunteer Signature

Date