ELGIN
Parks and Recreation

Volunteer Waiver Form

Volunteer Area:	
Site Supervisor:	
Group Name:	
Date & Hours Volunteered:	

Name: _____
First Name Middle Initial Last Name

Street: _____ City: _____

State: _____ Zip Code: _____ Date of Birth_____

Home Phone: _____ Cell Phone: _____

Email: _____ Volunteer newsletter via email? ___ Yes ___No

Emergency Contact Name: _____ Phone: _____

Relationship: _____

I have previously volunteered for the City of Elgin, Parks and Recreation Department: ____ Yes ___ No

I,_____, agree to assume all risks of loss and injury that may arise out of participation. I hereby release and agree to indemnify the City of Elgin and the participating agency and their respective agents, officers, and employees from any and all liability, claims, demands, and causes of action whatsoever, related to any loss or damage to my person or property whether anticipated or unanticipated. This release shall be binding on me, my heirs, successors, assigns, administrators and/or executors.

I understand that public relations are an important part of volunteering with the city. On behalf of myself, my heirs, personal representatives, and executors, I allow the City of Elgin to use any photographs taken of me for use in public relations efforts.

Also, all photographs that I submit to the city of Elgin will remain the property of the photographer. The city of Elgin will have the rights to use these photographs for marketing materials or in any other ways that the city of Elgin sees fit.

I hereby warrant and represent that I am currently, and will be at all times during my volunteer tenure, legally authorized to reside and work in the United States.

I hereby acknowledge that I have read, understood and do voluntarily sign the foregoing release.

I am over the age of eighteen or my parent or guardian has also read and signed this release below my signature. I have read the authorization, release and agreement prior to its execution, I am familiar with the contents thereof, and have every right to contract in my own name in this matter.

_____

Date **Signature**

_____

Date **Signature of Parent or Guardian if volunteer is under 18** **Relationship**