



Volunteer Waiver

*If you completed the Volunteer Profile form, you only need to complete the fields marked with an asterisk.

Staff use only	
Area/Event Name:	
Volunteer Schedule/Event Date & Time(s):	
Area/Event Supervisor (or Job Coach):	
Group Name (if applicable):	

*First Name _____ MI _____ *Last Name _____

Date of Birth (MM/DD/YY) _____ Home # _____ Cell # _____

Email Address _____

*Would you like to receive the volunteer newsletter via email? Yes ____ No ____

Address _____ City _____ ST _____ Zip Code _____

Emergency Contact Name _____ Contact 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 act on 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.

* _____
Signature

* _____
Date

* _____
Signature of parent or guardian if volunteer is under 18

* _____
Relationship to Volunteer

* _____
Date

Staff use only	
Scanned	
Waiver Date entered in VolUP	