

## VOLUNTEER AGREEMENT, WAIVER AND RELEASE FORM THIS FORM MUST BE COMPLETED BEFORE ANY PARTICIPATION WILL BE ALLOWED

Volunteer's Name	Date of Birth//
Address	City/State Zip
Gender (circle one) M F Age	Grade Email
	Cell Phone
Emergency Contact	Phone Number(s)
Relationship to Volunteer	Doctor's Name
	y)
Name of Insured	Copy of Insurance Card Attached Y N
Special Medical Conditions or Allergies	
	NT, WAIVER AND RELEASE
activities at Decatur Parks and Recreation all claims for damage for personal injury, may hereafter accrue to me, as a result or release is intended to discharge in advance from any and all liability arising out of or at this or any other Decatur City Parks and out of negligence or carelessness on the pass the ones I will be participating in involve knowing those risks, I hereby assume tho assumption of risk is to be binding on my harmless, the City of Decatur, its officers, cost or expense which they may incur as the second of the pass of the cost of	ed by Decatur Parks and Recreation to volunteer in Facilities, I hereby waive, release and discharge any and death or property damage which I may have, or which f any tasks or activities at or for said facilities. This ce the City of Decatur, its officers, employees and agents connected in any way with my participation in activities d Recreation facility even though that liability may arise part of those parties. It is understood that activities such we an element of risk and danger of accidents and se risks. It is further agreed that this waiver, release and heirs and assigns. I agree to indemnify and to hold employees and agents from any loss, liability, damage, the result of my death or any injury or property damage ny activity at this or any other Decatur Parks and
Volunteer may participate in activities at and I hereby execute the Agreement, Wa state that the said Volunteer is physically indemnify and hold the persons and entit liability, damage, cost or expense that the property damage that said Volunteer may Decatur Parks and Recreation Department	Colunteer listed above. I hereby consent that the this, or any other Decatur Parks and Recreation facility iver and Release on his/her behalf. I hereby affirmatively able to participate in said activity. I hereby agree to ties mentioned above free and harmless from any loss, bey may incur as result of the death or any injury or y sustain while participating in activities at any such at facility.  NT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN
Print Name	Relationship
Signatura	Date