

FRANKFORT SQUARE PARK DISTRICT VOLUNTEER WAIVER AND RELEASE

IMPORTANT INFORMATION

The Frankfort Square Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of volunteers in high regard. The Frankfort Square Park District continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program. Please recognize that the Frankfort Square Park District carries only limited medical accident coverage for volunteers; therefore, it is strongly urged that all volunteers review their own health insurance policy for coverage. Additionally, each volunteer is solely responsible for determining if he/she is physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if the volunteer is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when providing volunteer services. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the volunteer services, certain risks, dangers and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to the particular volunteer services exist. In this regard, it must be recognized that it is impossible for the Frankfort Square Park District to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in consideration for providing volunteer services, you will be expressly assuming the risk and legal liability and waving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services (including transportation services/vehicle operations, when provided).

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of my volunteer services. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of my volunteer services against the Frankfort Square Park District including its officers, officials, agents, volunteers, and employees (hereinafter collectively referred to as "Parties").

I do hereby fully release and forever discharge the Parties from any and all claims for injuries, damages, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

PHOTO/VIDEO POLICY

I understand that photos and videos are periodically taken of people participating in Frankfort Square Park District programs and activities, and I agree that any photograph or video taken by the park district of me or my minor child/ward while participating in a park district program or activity may be used by the park district for promotional purposes, including its electronic media, videos, brochures, flyers, and other publications without additional prior notice, permission, or compensation to the participant.

I have read and fully understand the above important information, warning of risk, photo/video policy, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Volunteer's name (please print) _____
Address _____ Town _____
Volunteer's Signature _____ Date _____
Parent/Guardian Signature if volunteer is under 18 _____
Phone _____ Email _____

Participation will be denied if the signature of the adult volunteer or parent/guardian and date are not on this waiver.