

EVENT: _____ **EVENT DATE:** _____ **SERVICE ORGANIZAION:** _____

**WAUKEGAN PARK DISTRICT
Volunteer Agreement**

Please read this agreement carefully so that you fully understand your responsibilities and rights as a volunteer. The agreement is as follows:

I agree to serve as a volunteer for the Waukegan Park District. I will observe the ordinances, policies and procedures of the Waukegan Park District while I am volunteering. I agree to take direction and supervision from the Waukegan Park District Staff. I understand that my volunteer service with the Waukegan Park District may be terminated, at any time or for any reason, for failure to adequately perform my volunteer duties or for improper conduct while serving as a volunteer.

I acknowledge that the Waukegan Park District recommends each person carry their own medical accident insurance, since worker's compensation benefits are not available to volunteers. I understand that the Waukegan Park District does have limited secondary coverage to assist injured volunteers. I understand that the absence of health insurance does not make the Waukegan Park District responsible for the payment of medical expenses not related to the volunteer services.

I recognize that there are certain risks of physical injury and agree to assume such risks and any damage or loss I may sustain, as a result of volunteering for any and all activities connected with the position.

I agree to waive, release, and hold harmless the Waukegan Park District its officers, agents, other volunteers, and employees from any and all claims, demands, costs, and expenses I may have resulting from injuries, damages and losses sustained, arising out of, connected with, or in any way associated with my conduct and the activities of volunteering.

I understand that precautions are taken to protect the safety of every volunteer. I agree to emergency treatment by a physician or hospital in the event I am not able to give permission / I cannot be reached.

I have read and understand the above agreement to serve, acknowledgment of medical coverage, warnings of risk, and waiver, release, and hold harmless of claims.

(IF UNDER 18 GUARDIAN MUST SIGN)

SIGNATURE	Date	AGE	FIRST NAME	LAST NAME	ADDRESS	CITY	State	ZIP	PHONE #	EMERGENCY CONTACT	PHONE
		<input type="radio"/> Under 18 <input type="radio"/> 18+									
		<input type="radio"/> Under 18 <input type="radio"/> 18+									
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WE WOULD LIKE TO STAY IN TOUCH WITH YOU. PLEASE FILL OUT THE CONTACT INFORMATION COMPLETELY!