

REGISTRATION, WAIVER AND RELEASE OF CLAIMS AND INDEMNITY AGREEMENT VOLUNTEER PROGRAM

Volunteer Activity Title: _____

Specific Tasks: _____

Location of Event: _____

Name of Program Volunteer: _____

Address: _____

I, _____, understand and agree that I am not an employee of the City of St. Joseph, Missouri and will not represent myself as such.

I do hereby further understand and agree:

1. That as a volunteer I will be performing the specific tasks referenced above. That I am aware that there may be certain risks involved in providing volunteer services for the City of St. Joseph, said risks may include injury or accident to person or property or other loss, and I freely, voluntarily, and with such knowledge assume any such risks while volunteering my services.
2. That the City of St. Joseph and its employees, agents and assigns shall not be responsible or liable for any injury damage, loss or expense, either to me or my property incurred while volunteering my services and resulting from any act or omission on the part of any employee, agent, or assign of the City of St. Joseph.
3. For myself, my heirs, executors, administrators, and assigns, to defend, indemnify, release, and hold harmless, the City of St. Joseph and all of its employees, agents, and assigns from and against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages, liability or expenses, including attorney's fees, of every kind and nature incurred or arising by reason of any actual or claimed act or omission of mine while volunteering my services to the City of Joseph, including, but not limited to, claims of sexual harassment, civil rights violations, or relating to alcohol or drug use.
4. That the City of St. Joseph reserves the right to terminate me from my volunteer services, in its sole and exclusive discretion, if my work is not satisfactory.
5. That a photographer may be on location to take photos of volunteers and these pictures may be used on the St. Joseph Parks website and in marketing material, including brochures, program guides, flyers, etc. By signing this document, I consent to be photographed in conjunction with my volunteer activity.
6. That in the event that I am selected to become a volunteer for the City of St. Joseph, I agree to comply with all of its ordinances, rules, and regulations. I fully understand and agree to provide my services to the City of St. Joseph as a volunteer in a voluntary capacity and that I will receive no compensation or benefits for services provided.
7. That I am NOT insured by the city's Worker's Compensation, Auto or Liability Insurance.
8. In the event of any emergency, I authorize the provision of medical treatment deemed necessary for my immediate care from any licensed hospital, physician, and/or medical personnel, and I agree that I will be responsible for payment of any and all such services rendered. I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

PLEASE READ THE TERMS AND CONDITIONS ABOVE PRIOR TO SIGNING

PROGRAM PARTICIPANT'S PRINTED NAME & SIGNATURE:	DATE:
PROGRAM PARTICIPANT'S LEGAL GUARDIAN'S PRINTED NAME & SIGNATURE (if under 18 years of age):	DATE:
EMERGENCY CONTACT NAME AND TELEPHONE NUMBER:	