

Volunteer Agreement, Waiver, and Release

Activity Name _____

Activity Date(s) _____

In consideration for being permitted by the Conejo Recreation and Park District to participate in this volunteer assignment/activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in the assignment/activity. I fully understand that my participation in this volunteer assignment/activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

This release is intended to discharge in advance the Conejo Recreation and Park District, its officers, employees, volunteers, and agents from any and all liability arising out of or connected in any way with participation in the volunteer assignment/activity, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs, administrators, executors, and assigns.

I agree to indemnify and to hold Conejo Recreation and Park District, its officers, employees, volunteers, and agents free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain, or cause, while participating in the volunteer assignment/activity.

Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks.

I certify that all statements on this application are true and correct to the best of my knowledge. I understand that the information I provide may be verified, and I give permission to the Conejo Recreation and Park District to make inquiry of others concerning my suitability to act as a volunteer. I also understand that a criminal background check may be accomplished if that action is deemed necessary. I understand that any false statements will disqualify me from the District's volunteer program. I understand that while volunteering for the Conejo Recreation and Park District, I may be dealing with confidential information and I agree to keep said information in the strictest confidence.

I am aware that the relationship between the Conejo Recreation and Park District and a volunteer is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or the Conejo Recreation and Park District. Further, I understand that as a volunteer, I am offering my services of my own free will without any expectation of compensation, health or life insurance, or other employee benefits of any kind.

Photographic Release

I understand that photographs may be taken during this activity and hereby grant the Conejo Recreation and Park District permission to use any such photo(s), my likeness, voice, and words in television, radio, film, or in any form to promote activities of the Conejo Recreation and Park District.

Continued on Next Page

Parental Consent (Required if Volunteer is Under 18 Years of Age)

I hereby consent that my child, _____, participate as a volunteer with the Conejo Recreation and Park District in the above referenced activity, and I hereby execute the preceding Agreement, Waiver, and Release on my child’s behalf.

Authorization for Medical Treatment

As the participant or the parent, legal guardian, or appointed conservator of the participant of this program, I hereby give consent to the Conejo Recreation & Park District to obtain all medical or dental care for myself or my dependent as prescribed by a duly licensed medical professional. This care may be given for whatever conditions are necessary to preserve the life, limb, and well-being of myself or my dependent.

I have carefully read this agreement, waiver, and release and fully understand its contents. I am aware that this is a release of my liability and a contract between myself and the district, and I sign it of my free will.

Volunteer or Parent/Guardian Signature

Full Name (Printed)

Date