



Office Use Only

Liability Waiver Signed

Background Check

3621 Pontiac Lake Road, Waterford, MI 48328

Phone (248) 674-5441 Fax (248) 618-7674

waterfordmi.gov/parks Email completed form to: parkregistration@waterfordmi.gov

VOLUNTEER APPLICATION, WAIVER & RELEASE OF LIABILITY

- Volunteers if under 18 years of age must be accompanied by an adult while volunteering.
- This waiver will be required to be signed and returned to Waterford Parks and Recreation Department prior to your volunteer assignment.

AREAS OF INTEREST: NATURE CENTER SENIOR PROGRAMS MEALS ON WHEELS
 SPECIAL EVENTS FARM ATHLETIC PROGRAMS

NAME _____ AGE _____ DATE OF BIRTH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

DAYS & HOURS AVAILABLE _____

EMERGENCY CONTACT INFORMATION:

NAME _____ RELATIONSHIP _____

PHONE #1 _____ PHONE #2 _____

MEDICAL INFORMATION:

DO YOU HAVE ANY MEDICAL CONCERNs WE NEED TO BE AWARE OF? (ALLERGIES, MEDICATIONS, ETC.) YES NO

IF YES, YOU MAY LIST HERE: _____

SIGNATURE REQUIRED – TURN OVER >>>>>

OPTIONAL INFORMATION:

HOW DID YOU HEAR ABOUT OUR VOLUNTEER OPPORTUNITIES? _____

WHAT WOULD YOU LIKE TO ACHIEVE BY VOLUNTEERING? _____

OCCUPATION _____

PREVIOUS VOLUNTEER EXPERIENCE _____

VOLUNTEER WAIVER & RELEASE OF LIABILITY & PHOTO RELEASE

Release, Waiver and Assumption of Risk: In consideration of acceptance of my (or my minor child's) volunteer services with the Waterford Parks and Recreation Department, I do hereby, take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns to: (A) Waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me, including as to my traveling to and from this event, the following entities or persons: Waterford Township and Waterford Parks and Recreation Department (hereafter referred to as WPR), its elected and appointed officials, employees and volunteers, and representatives and agents, and others working or acting in behalf of Waterford Township and WPR; and to the extent permitted by law (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of or relating to my attendance at or participation in this program(s).

Photo/Video Release & Authorization: I hereby give my consent for WPR to use photos/videos of myself and/or minor child participating in a WPR sponsored program or event in future marketing materials. I acknowledge those pictured will only be named with their consent, or parent/guardian consent if younger than 18 years of age. I acknowledge event attendees must contact the photographer at the event if they wish themselves/their children not be photographed.

Volunteer Background Screening: I hereby authorize the WPR and its agent(s), to request and receive any and all background information about me, including without limitation, my criminal history and my driving record. I understand that background information received from reporting agencies, may include arrests, convictions, plea bargains, deferred adjudications, delinquent conduct committed while a juvenile, expungement and investigations. I further release the WPR and its agents, employees, personnel or representatives from any and all claims and liability arising out of the request for this information.

Signature of Volunteer

Print Name

Date

Signature of Parent or Guardian
(If Volunteer is under 18 years of age)

Print Name

Date