



Office Use Only

___ Liability Waiver Signed

___ Background Check

5200 Civic Center Drive, Waterford, MI 48329

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

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

VOLUNTEER APPLICATION, WAIVER & RELEASE OF LIABILITY

- **Volunteers – If under 18 years of age must be accompanied by an adult while they are volunteering.**
- **This waiver and photo release will be required to be signed and returned to the Waterford Parks and Recreation Department prior to your volunteer assignment.**

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL ADDRESS _____

OCCUPATION _____

PREVIOUS VOLUNTEER EXPERIENCE _____

DAYS & HOURS AVAILABLE _____

AREAS OF INTEREST: NATURE CENTER 50+ PROGRAMS SPECIAL EVENTS
 ATHLETIC PROGRAMS FARM

PERSON TO CONTACT IN EMERGENCY

NAME _____

RELATIONSHIP _____ PHONE _____

HOW DID YOU HEAR ABOUT OUR VOLUNTEER OPPORTUNITIES? _____

WHAT WOULD YOU LIKE TO ACHIEVE BY VOLUNTEERING FOR OUR DEPARTMENT? _____

VOLUNTEER WAIVER & RELEASE OF LIABILITY & PHOTO RELEASE

In consideration of acceptance of my volunteer services for the Waterford Parks & Recreation Department (hereafter referred to as WPR), I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or their respective officers, instructors or me in connection with my said association with the WPR.

Assumption of Risk Relating to Coronavirus/COVID-19: The coronavirus or COVID-19 is extremely contagious and thought to have caused a worldwide pandemic. It can readily be spread from person-to-person contact, or contact with infected surfaces or areas. In response, Federal, State, and local governments, and governmental health agencies have recommended, or even required people engage in social distancing protocols as well as have prohibited the congregation of people in groups of various sizes. WPR has put in place preventative measures to limit the spread of the COVID-19; however, WPR cannot guarantee that you or your family members will not become infected with COVID-19. Participation in a WPR event can increase your risk of being exposed to the COVID-19 virus. I acknowledge the extremely contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to, or infected by COVID-19 through my attending or participating in a WPR event and that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 at any WPR event may result from the action, omissions, or negligence of myself and others, including but not limited to WPR, its directors, organizers, coaches, sponsors, managers, attorneys, employees, or any other appointed supervisor. I voluntarily agree to assume all risks and accept as my sole responsibility any injury to myself (including, but not limited to, personal injury, disability, and/or death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation or attendance at any WPR event. On my behalf, and on behalf of my heirs, I hereby release, covenant not to sue, discharge, and hold harmless WPR, its directors, organizers, coaches, sponsors, managers, attorneys, employees, or any other appointed supervisor from such, including all liabilities, actions, damages or expenses or any type that may arise out of, or relating thereto attendance and participation. I understand and agree that this release includes any claims regarding the actions, omissions, or negligence of WPR, its directors, organizers, coaches, sponsors, managers, attorneys, employees, or any other appointed supervisor, whether a COVID-19 infection occurs before, during, or after participation or attendance at any WPR event.

Photo Release: I give permission for any photograph, video tape or any other form of audio visual record of myself volunteering for WPR to be used by WPR.

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